## TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

may be retained by the cospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funcace 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to buriat, cremation, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6296 **CERTIFICATE OF DEATH**

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eg.	Dist.			-

1,	PLACE OF DEATH	Wicomic	0	MARYI	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico							
	b. CITY OR TOWN (If RURAL and give no	outside corporate limit prest lown) Mardela	s, write	c. LENGTH OF STAY	IN Ib		own (If ou		orate limits, write	RURAL and	d give ne	arest low	)
	d. NAME OF HOSPITA OR INSTITUTION	Main St	ive street	oddress)		/ d. STREET A		St					FARM?
	NAME OF DECEASED (Type or print)	JOH		Middle HOWARI	)	ADKI		4. DATE OF DEATH	MAY	onlh	23 1		Year 19 58
5.	sex Male	6. COLOR OR RACE	7. MARI	NEVER MARRIE	_	Feb.17		,	9. AGE (In year last birthday			Hours	R 24 HRS. Min.
	. USUAL OCCUPATION during most of work Retired FATHER'S NAME		pers		R INDU	POWE  14. MOTHER'S	ACE (Stole o	r foreign c 10,	Maryla	12. C		S A	COUNTRY?
15.  Ye	WAS DECEASED EVER			SOCIAL SECURITY NO.	17_1	NFORMANT rs. Lul	a Wri	ght	Adking	Wif	e)Ma	ain	St
	PART 1. DEAT  Conditions, if an gave rise Ia in cause (a), stating t lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Inmediate the under:  (c)		Cores	at a	y sh	hom	lose			ON	ERVAL BE SET AND 2	on th
CERTIFICATION		ER SIGNIFICANT CON		CRIBE HOW INJURY OF		4				SIVEN IN PA	RT I(o)	PERFC	AUTOPSY PRMED?
MEDICAL	20c. TIME OF INJURY Hour a.m.		While	NJURY OCCURRED Not while	20e. PL	ACE OF INJURY (Colory, street, affice	Home, farm, bldg., etc.)	20f. (City	or lawn)		(Caunty)		(State)
	21. I certify the alive on	Einest	19_ Lar	ed fram		M.D	2:35A A Del	M, from DORESS (S	treet, city or low	and an n, stote) Coll Ma	the da	ile stati	ed abave, ATE SIGNED 2 4/5
_	REMOVAL SARFIYL	11 May 25	,195			Cemeter	У	Marc	lela, M	aryl	and		-,
		COMPANY	S	ALTSBURY	MAI	RYTAND	24a. REC'D	AY 2 7		GISTRAR'S S	ALLE	1	

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4 may be retained by the espital or attending physician. TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the full director.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6253 CERTIFICATE OF DEATH

Reg. Dist. 06246

1. PLACE OF DEATH o. COUNTY	Wicomico	MARYLAN	2. USUAL RESI	aryland	ceosed lived. If institut b. COUNTY		
b. CITY OR TOWN (I RURAL and give no	outside corporate limits, write earest town! Salisbury	c. LENGTH OF STAY IN		TOWN (If outside Blisbur	corporate limits, write 1	RURAL and give nea	rest tawn)
d. NAME OF HOSPIT OR INSTITUTION	ral (If not in hospital, give stre Pen. Gen.		d. STREET A	odoress 26 Park	way Circl	e	ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	KATHERI	NE JANE	ALLAI		ATE MO FEATH MAY		
s. sex Female	7.79 7.4	ARRIED NEVER MARRIED	Tarre In 1		9. AGE (In years lost by Hyday) yrs.		Hours Min.
during most of wor	ON (Give kind of work done liking life, even if relived)	Db. KIND OF BUSINESS OR II			New York	U S	F WHAT COUNTRY? A
Silas A	Anderson			DePuy			
	R IN U. S. ARMED FORCES? (If yes, give wer or dotes of service)	16. SOCIAL SECURITY NO.	Mrs.Corn	elia A. Circle.	Simmons (S Salisbur	ister)7	26 Park-
	ATH [Enter only one couse pe ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		nonit	(s)		INTE	RVAL BETWEEN EF AND DEATH  COMME
Conditions, if a gove rise to i couse (a), stating lying couse lost.	mmediate (	AS CONTRIBUTING TO DEATH	EDT NOT RELATED TO	OTHETERMINAL D	ISE SE CONDITION E	VEN IN PART 1(0) 1	P. WAS AUTOPSY PERFORMED? YES NO [3]
200. ACCIDENT WAY OR CONTRIBUTING	AS UNDERLYING (20b. 0) CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCI	URRED. (Enter noture o	of injury in Part 1 (	or Port II of item 18.) /		
20c. TIME OF INJUING Hour o.m.	Wh	ile Not while wark of work	e. PLACE OF INJURY foctory, street, offic		(City or town)	(County)	(State)
21. 1 certify the alive on	Pufers &		noth occurred at	2: PM,	from the causes ESS (Street, city or Joyn	and an the dat	the stated above.  DATE SIGNED
PHYSICIAN'S DI	r. Rufus S.	Gardner Jr.	Salis	bury, M	laryland	May	5 1958
ax Sur In I	May 7,195	38 J. Wm Lee	& Son Co		location (city, town, nington. I		(State)
	& COMPANY	ADDRESS SALISBURY	MARYLAND	240. REC'D BY I	REGISTRAR 24b, REG	ISTRAR'S SIGNATUR	RE

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DEUNERAL DIRECTO After this certificate has been signed by the attending physicion and completely filled in by the fupoge 3 should be delached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, or removal, and it may be not within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. NG 6248 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Maryland Wicomico Wicomico b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest jown! Salisbury Mardela e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION P.O.B.# 64 Pen. Gen. Hospital YES NO T NAME OF 4. DATE Middle Month OF DEATH NELLIF T.E.E. BOUNDS MAY (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Sept.20, 1891 White Female WIDOWEDX DIVORCED [] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
House Work at Home Mardela, Maryland S 13. FATHER'S NAME Martha C. Venables John Phillips 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NOT 206. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour o.m. Not while of work at wark 21. I certify that I attended the deceased from Manda 31, 1988, to Many 17, 1958, that I last saw the deceased , and that death occurred at\_ M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL FUNERAL DIRECT SIGNATURE .Briele Henry B Medical Salisbury, Md. May Center NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Mardela, Maryland 20.1958 Mardela Cemetery 0 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

certificate

VS A15 [4]

HOLLOWAY & COMPANY

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MARY LAND STATE DEPARTMENT OF HEIGHBURGER, THAT HYATO TO STAURIZED WITH and the second TOTAL STREET, SALES AND THE RESIDENCE OF THE PARTY . A . The late of the second of THE LINE REPORT | STATE OF STATE CONTRACTOR OF THE PROPERTY OF THE PERSON OF

CERTIFICATE OF DEATH 6297

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Wicomico Maryland b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Tmar c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Delmar (Rural d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? R. D. # Del Del. YES NO NAME OF 4. DATE Middle First Lost Month Year DECEASED MARY CATHERINE BRASURE MAY DEATH 19 58 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Days Hours 2,1870 Mav DIVORCED | Female White WIDOWEDX 12. CITIZEN OF WHAT COUNTRY? 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)
HOUSE WORK at HOME S Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isaac Freeman Nancey Quillen Mr. James 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. R.D.# Brasure(Son) Delmar Del. No INTERVAL BETWEEN IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES | NO K 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e. PLACE OF INJURY IHome, form, 20f. (City or lown) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED (Stote) Doy, Year (County) factory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased from 1240 195 That I last saw the deceased and that death occurred at M. Fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Delmar. Delaware Dr.S. Howard May NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Salisbury Parsons Cemetery Maryland 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR

DATE

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6258 CERTIFICATE OF DEATH

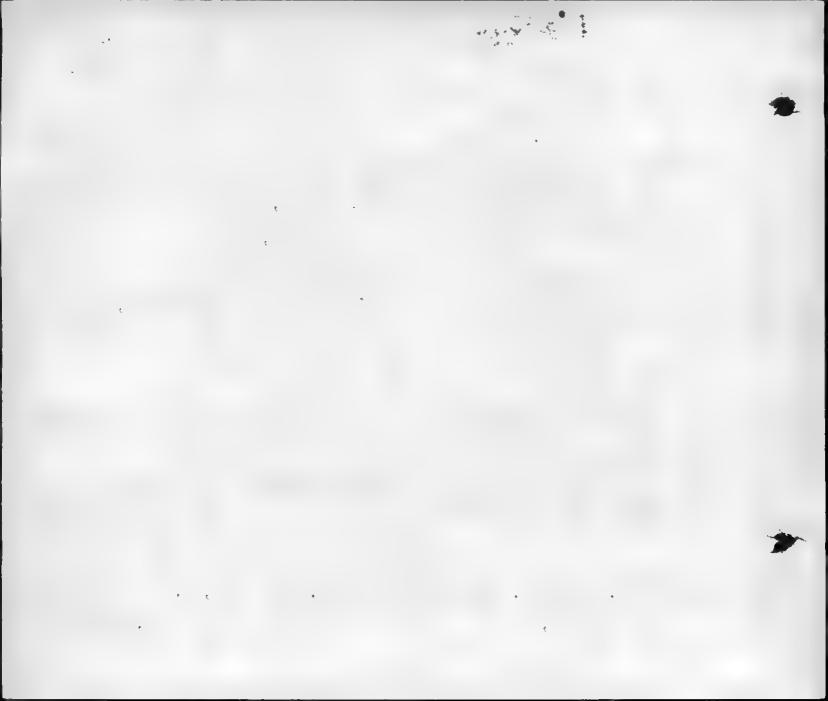
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	b. CITY OR TOWN (IF RURAL and give neo	outside corporate limits rest town! Sallsbury	, wrîte . r	c LENGTH OF STAY IN	Ъ		'N (If outside corpo alisburj		rite RURAL and	give nearest le	own)
	d NAME OF HOSPITA OR INSTITUTION	l (If not in hospital, giv Pen Gen.				d. STREET ADDR		s St		10	RESIDENCE N A FARM? NOXXX
3	NAME OF DECEASED (Type or print)	LEON	A	Middle FLOREN		RITTING	HAM DEATH	M.	Month	18th	Yeor 19 58
	Female	White	WIDOWE	G-L	ј Ре		17,1878		day) Mooths	R I YEAR IF UI	irs Min
100	during most of working House Wo	ng life, even if retired)	ine 10b. i	KIND OF BUSINESS OR	INDUSTRY		(State or foreign of			J S A	IAT COUNTRY?
13.	FATHER'S NAME				1	4 MOTHER'S MA	IDEN NAME				
	George A	rvey				Jane I	Ellen Le	emon			
	WAS DECEASED EVER			SOCIAL SECURITY NO.	Mrs	.Evelyn	n Willin	ng(Dai	Address ighter Lisbur	, Mary	land
CERTIFICATION	Cenditions, if an gave rise to im couse (a), stoling the lying cause last.  PART II. OTHE	mediate DUE TO (c).  R SIGNIFICANT/COND	1 sue	ONTRIBUTING TO DEATH	at	al ko	rug			RT I(a) 19. W.	AS ALTOPSY REORMED?
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MFDICAL	Hour a.m.	19	While of work	_ Not while _		, street, affice blo		y or idwill		(County)	(arore)
	21. I certify the alive on	at I attended the	decease , 195		eath oc	corred at 1		m the caus Street, city or	ses and an itown, state)		
	PHYSICIAN'S Dr.						Salisb			May / 9	/ /58
	BURIAL, CREMATION READOWN (\$00511)	May20,1		Wicomic	o Me	morial	Park	Sali	sbury,	Maryla	nd
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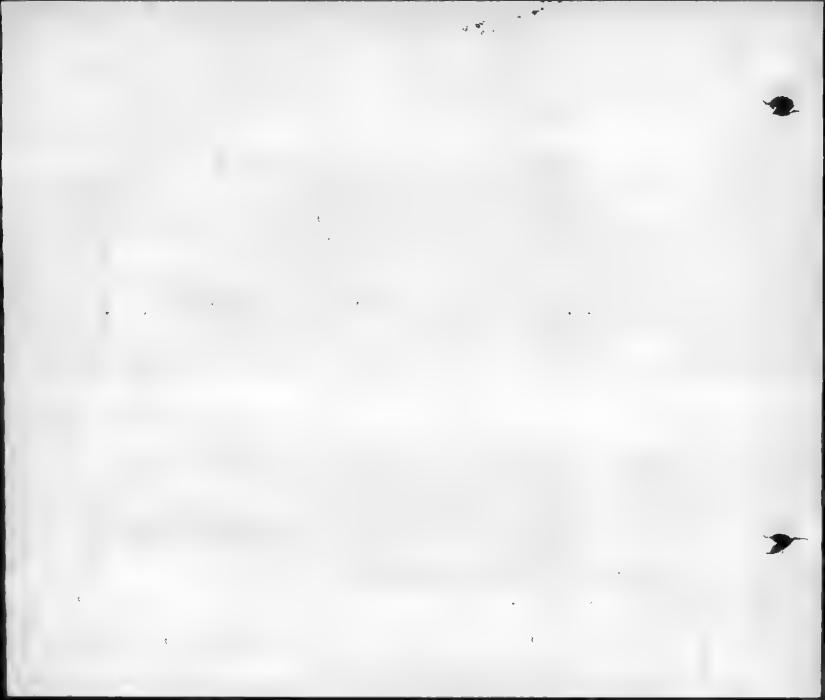
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After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be delached for use as the burial-transit permit. Then piease remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours other death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after TO FUNERAL DIRECT VS A15 (4) 1SM 9/5S







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Page director		1	PLACE OF DEATH COUNTY WICOMIC	0		MAR	YLAND	a. STATE	PENCE (Who		lived. If institution b. COUNTY.	wicom		ision)
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24 hav		3.	NAME OF DECEASED		first na	Layfiel		Clark		4. DATE OF DEATH	Mav	th .	Day 2	Year 19 58
letely fi		5.		6. COLOR OR RACI		IED NEVER MARR	RIED 🔲 8.	DATE OF BIRTY		3	P. AGE (In years last birthday)	Months Do	EAR IF UND	DER 24 HR5.
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R ATT			ACTUAL SIGNATURE	· 6.	tut	~ ms ·	M.		A	DDRESS (Sin	et, city or town, ryland			ATE SIGNED
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May be reposed the regist		L	BURIAL CREMATION REMOVAL (Specify) BUT1a1 FUNERAL DIRECTORS	5/13/5		Parsons		etery		Sails		la ryl a		fe)
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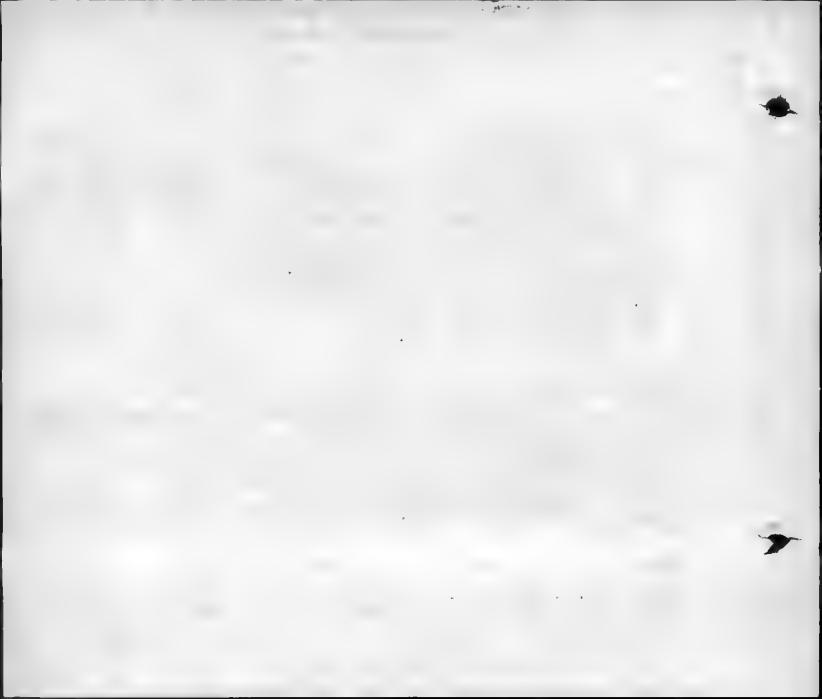
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6260 **CERTIFICATE OF DEATH**  06254

Reg. Dist. No.

1,	PLACE OF DEATH						DENCE (Who	ere deceased	Lived. If instituti		nce befor	re admissi	on)
	· county Wico	mico		MAI	RYLAND	a STATE	arylan	nd	b. COUNTY		bot		
	<ul> <li>CITY OR TOWN (If RURAL and give ne</li> </ul>	outside carporate limi	its, write	c. LENGTH OF STA	YIN 16				rate limits, write l	tURAL ond	give neo	rest tawn	)
	Salisbu	,		5 month	18	Ti	lghmar	1					~
	OR INSTITUTION	AL (If not in haspital, (	ive street	address)	-	d STREET A	ADDRESS					e. IS RESI	DENCE FARM?
		Head State	e Hos	pital									NO 🔲
3	NAME OF DECEASED	Fii		Midd	le	Los		4. DATE	Mai	ith	Do	y 1	ear .
	(Type or print)	Marti	n			Cummin,	gs	DEATH	May	•	17	7	958
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARI	RIED B.	DATE OF BIRT			9. AGE (In years last birthday)			IF UNDE	
Male White WIDOWED DIVORCED 10/13/1898   dast birthday) Manths   t							Days	Hours	Min.				
10o. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12. CITIZE during most of working life, even if retired)							TIZEN O	F WHAT	COUNTRY				
	Waterma		'	Waterman		Ma	rvland	3			USA		
13.	FATHER'S NAME					14 MOTHER'S					0 02		-
	Charles	P. Cummin	ıgs			Alic	e S. S	Sincla	ir				
15.	WAS DECEASED EVER	IN U. 5 ARMED FOR	CES? 16.	SOCIAL SECURITY N	0 17 INF	DRMANT	onle H	H beal	ospita1	1933	de		
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	18. CAUSE OF DEA	TH {Enter only one co	use per lir	ne for (a), (b), and (c	1]							RVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	, Pı	ilmonary C	a. of	Lung					ONS	ET AND	ars
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ATK												PERFO	RMED?
IFIC	200. ACCIDENT WA	S UNDERLYING []  CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY	OCCURRED	Enter nature o	of injury in P	art 1 or Parl	II of item 18.)			,	110 101
MEDICAL CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH											
CAL	20c. TIME OF INJURY	Manth, Day, Ye	ar 20d. It	NJURY OCCURRED	20e PLAC	E OF INJURY	Hame, form,	20f. (City	ar tawn)		Caunty)		(State)
AEDI	Havr e.m.	19	While at war	Nat while	factor	ry, street, affici	e bldg., etc.)	)			**		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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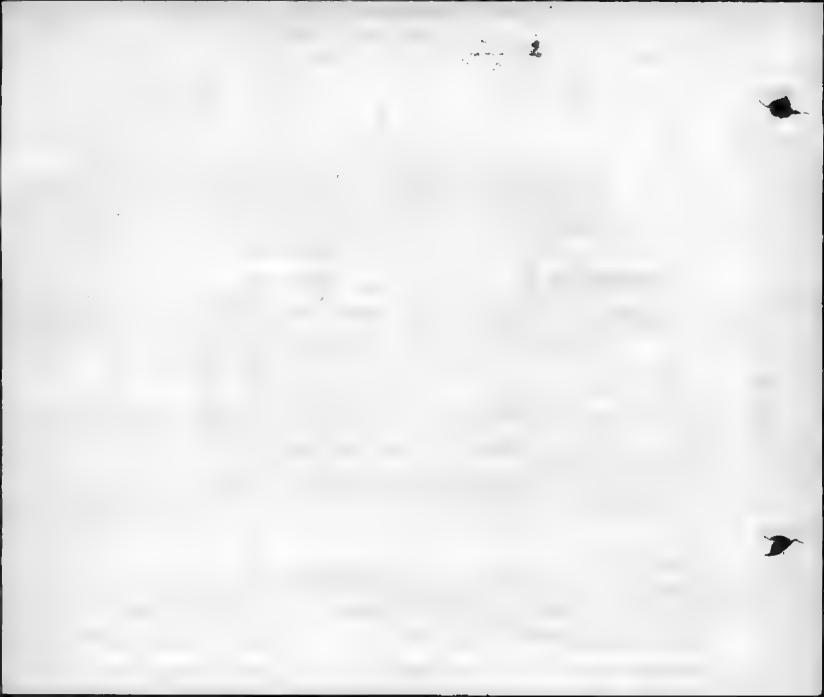
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 06256 CERTIFICATE OF DEATH Rea. Dist. No 7. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY g. STATE **b.** COUNTY MARYLAND MARRESTE 100 m10 b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If obtside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital), give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES 🗍 ENINSU NO 4 3. NAME OF First Middle 4. DATE Last. Month Doy Year DECEASED OF DEATH (Type or print) 195 NNETTE 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TH 8. DATE OF BIRTH last birthdoy) Months Days Hours DRED WIDOWED DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY; 11. SIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME. ofter physician 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. ND ottending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** permit. GRY Canditians, if any, which (b) gned gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART \$1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO FA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour a. J. While Not while 19 of work at work p. m. that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death occurred at ... M, fram the causes and on the date stated above. ADDRESS (Street, city or ACTUAL Prior should PHYSICIAN'S NAME (Type) FUNERAL 22b. DATE THEREOF 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246, REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A15 (4) 15M 9/55

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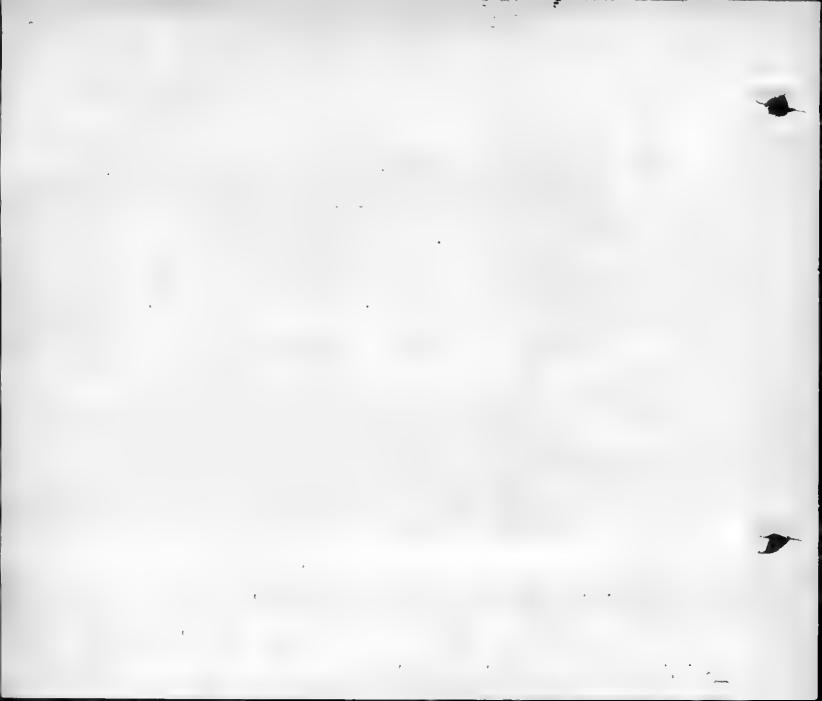
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6263 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. COUNTY o. STATE **b.** COUNTY MARYLAND Wicomice Marvl and Wicomico c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Salisbury d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 00 619 Pearl Stre t 619 Pearl Street YES NO K 3. NAME OF First Middle 4. DATE tool Month Ynor Dov DECEASED OF DEATH (Type or print) William Villie 5 Dixon 19.58 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Doys Hours 67 Male WIDOWED | DIVORCED T 2-26-1891 papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Watchman Gas Co. Maryland USA pup 200 ď 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Š physicion Joseph Dixon Annie Duffy mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address Yes 1918-1919 Mrs. Sarah Dixon, 619 Pearl St., Salisbury, Md 18. CAUSE OF DEATH [Enter only one couse per line for jo), (b), and (q) NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Will ken U 136,00 **DUE TO** کر Conditions, if ony, which signed gave rise to immediate **DUE TO** couse (o), stoting the underlying couse last. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 17. WAS AUTOPSY PERFORMED? YES NO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg , etc.) Hour o. m While Not while at work of work 21. I certify that I attended the deceased from, that I last saw the deceased alive on 2.2 and that death accurred at M, from/the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE nay be retained FUNERAL DIR vage 3 should b Ę PHYSICIAN'S A. Purnell Salisbury, Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) page REMOVAL (Specify) Buriak 5-25-1958 Green Acre Memorial Park Salisbury, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Usi, sauca

Stewart Funeral Home. Salisbury. Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6298 CERTIFICATE OF DEATH

Reg. Dist. No. 06259

1. PLACE OF DEATH o. COUNTY Wicomico MARYLAND	a. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If outside carporate limits, write RURAL integrated town)  Fruitiand	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  X  Fruitland
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION DIVISION St	Se Division St  o. IS RESIDENCE ON A FARM? YES NO (S)
3. NAME OF DECEASED (Type or print) DELIA S	DYKEX 4. DATE Month 20 th 19 58
5. SEX Female   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED     White   WIDOWED   DIVORCED	8 DATE OF BIRTH April 12,1867  9. AGE (in years   IF UNDER 1 YEAR IF UNDER 24 HRS   In the print of the print
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired) HOUSE WORK OF HOME	Bishop Head, Maryland USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Solomon Woodland	Mary V. Cannon
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes. no. gr unknown)  [If yes, give wor or dofes of tervices]  [If yes, give wor or dofes of tervices]	Marion W. Dykes(Son)Truitt St Salisbury Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) }  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause last.	Heart Failure Interval Between ONSET AND DEATH / Month
3 Semility	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Part II of item 18 )
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while for work of work	ACE OF INJURY (Hame, form, 20f. (City or lown) (County) (State) ctory, street, affice bildg., etc.)
21. I certify that I attended the deceosed from 195 alive on May 19 <sup>TT</sup> , 1958, and that death  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) Dr. Lee Lawry	4.19, to chath, 19, that I last sow the deceased a occurred of 1:00 AM, from the causes and on the date stated above.  ADDRESS (Streetgicity or town, state)  BATE SIGNED  S 21-58  Fruitland, Maryland  May 2/1958
220 BURIAL CREMATION, 226. DATE THEREOF WICOMICO Me	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MA	RYLAND DATE MAY 2 2 158 Ges ( )

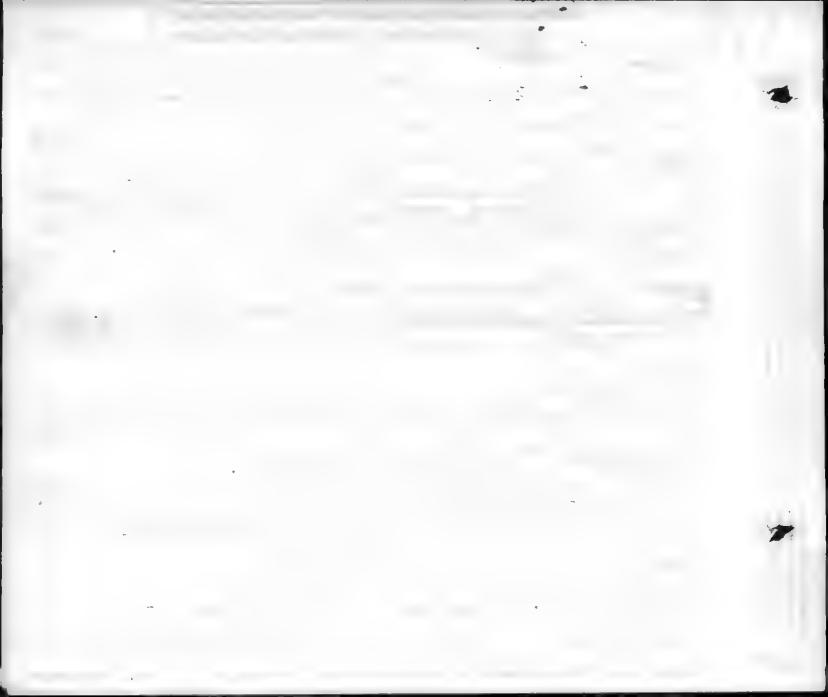
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TO HOSPITAL OR ATTENDING PHYSICIAN: The for requires that the death certificate be executed within 24 hours after death. Page	e 4
may be retained by the "rispital or attending physician.  TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the fune director.	1
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should 66 filed with	di.
the registrar prior to burial, cremation, or removal, and in appeared within 72 hours ofter death.	
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	III A	Pages	
	D FUNERAL DIRECTOR For this certificate has been signed by the attending physician and completely fill	page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages	eath.
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	e or print)	Lizzie		C.		Ellis		DEATH	May	6			1	1958
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_	EITHER, NOTIFY	MEDICAL EXAMINER)			/									
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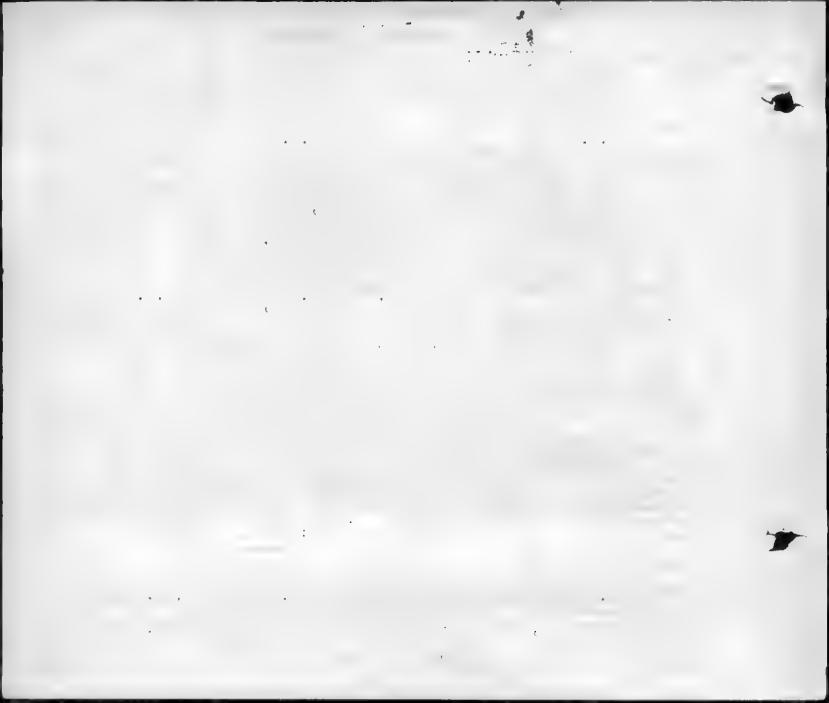
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

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1. PLACE OF DRATH O. COUNTY W1COmico MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico												
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) Sallsbury					е. У	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  > Salisbury (Rural)												
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION $R_\bullet D_\bullet \# 2$					10	STREET	ADDRESS R.D	.#	2					ON.A	DENCE FARM? NO			
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100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  4. CITIZEN OF WH House Work at Home  12. CITIZEN OF WH U.S. A.									COUNTRY									
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

YES NO TE

1958

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IF UNDER TYEAR IF UNDER 24 HRS.

USA

(County)

12. CITIZEN OF WHAT COUNTRYS

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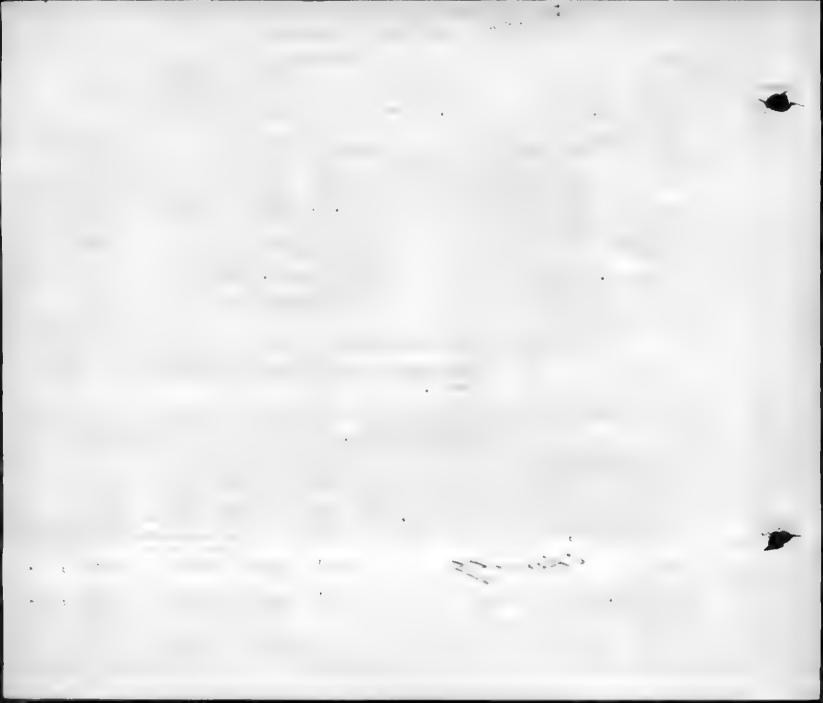
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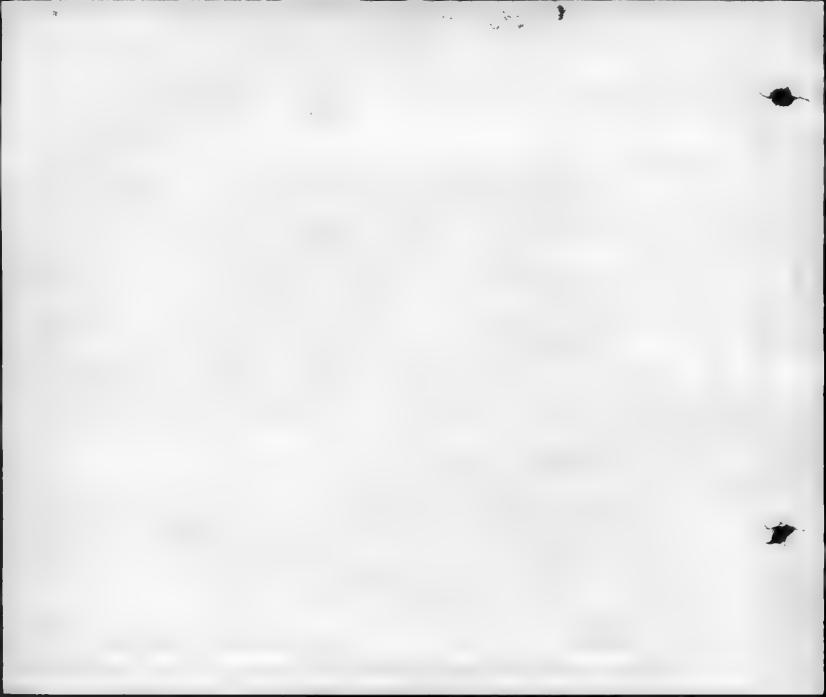
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VS A15 (4) 15M 9/55

page



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY o. STATE eq. b. COUNTY MARYLAND pom manus Jie Omaic D b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 1b. c. CITY OR TOWN (1) outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town] ighun d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO F NAME OF Middle 4. DATE Lost Month Day Year DECEASED BBS (Type or print) DEATH 19,500 701 5. SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min 7. MARRIED NEVER MARRIED WIDOWED 📋 DIVORCED | ( yes. 100. USUAL OCCUPATION [Give kind of work done] 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 7 0-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ottending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO څ igned by permit. in any e Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (a), stoting the under-Jying couse lost, **buriof-tronsit** PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) Not while at work 🔲 at work 21. I certify that I attended the deceased from 19. 2. That I last saw the deceased and that death occurred at\_\_\_\_\_ M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) FUNERAL DIRECT SIGNATURE 8 prior 3 should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City . town, or county) (State) REMOVAL (Specify)

**ADDRESS** 

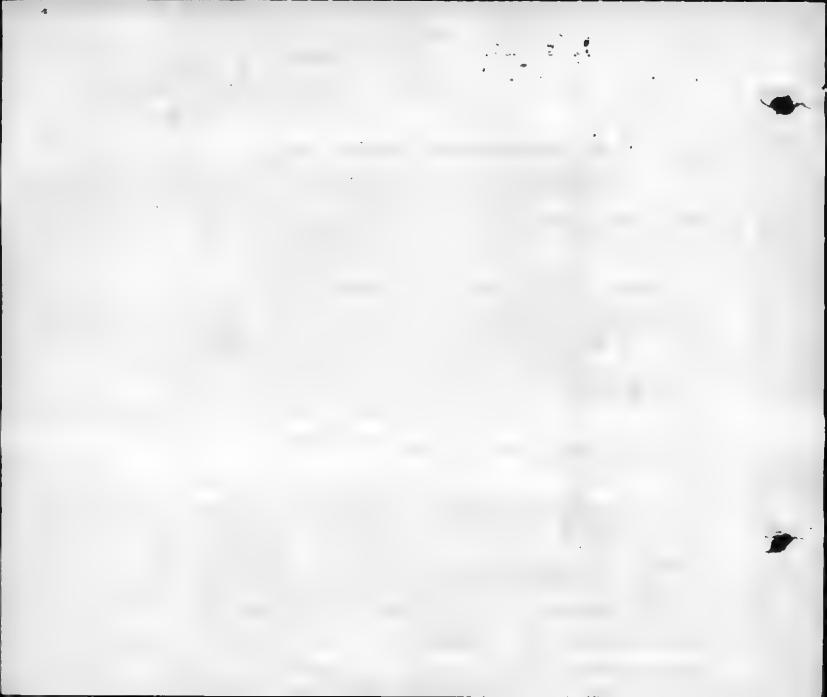
24b\_REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

DATE MAY

P P P 0. VS A1S (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ALTH DEPT. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission PLACE OF DEATH o. COUNTY Wicomico b. COUNTY Maryland Wicombeo MARYLAND b. CITY OR TOWN I I outs de corporate limite, write fullifat c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Salisbury rects your d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . d STREET ADDRESS e IS RESIDEN F retained for ق م ON A FT W 148 D.O.A. at Pen Gen. Hospital Davis YES NO State death. 3 NAME OF 4. DATE First Middle Month DECEASED ERNEST PAUT GORDY MAY 58 DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TE DATE OF BIRTH AGE IIn veers IF UNDER TYEAR IF UNDER 24 HRS Male WIDOWED [7] White DIVORCED S 10a USUAL OCCUPAT ON (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? age Salisbury, Maryland Night Watchman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Manie Shocklev Ernest Gordv with form I nit. File p 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Mrs.Kathleen Smith(Daughter)148 Davis 16. SOCIAL SECURITY NO 17 INFORMANT (if yes, give wor or doles of service) Unk Salisbury Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN 1. DEATH WAS CAUSED BY: Sudden. IMMEDIATE CAUSE (a) Practured **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), staling the underlying cours last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X 20d. EXTERNAL CAUSE WAS PRIMARY (S) or CONTRIBUTING () CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) that was struck by truck. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) factory, street, affice bldg., etc.) Not while a Wicomico Md. of work of work Highway. Salisbury 2). I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [X]. Inquiry [20] and in my opinion death resulted fram: Natural causes ... Accident 19. Suicide . Hamicide . Undetermined manner OTO should be forw designated DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER Earl L. Rover DEPUTY MEDICAL EXAMINER (X NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lewn, or county) isbury, Wicomico Memorial Park 0

ADDRESS

MARYLAND

SALISBURY

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15ME 5M 2 '57 23 FUNERAL DIRECTOR'S SIGNATURE

HOLLOWAY & COMPANY



Page 4

SPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death be retained by the passing or attending physician.

NERAL DIRECTOR

For this certificate has been signed by the attending physician and completely filled in by the funder 3 shauld be detachad far use as the burial-transit permit. Then please remove performs. Pages 1 and 2 shauld be egistrar priar to burial, cremation, ar remayal, and in any event within 72 haufs ofter death.

TO HO TO FU	
VS A1S (4) 15M 10/S7	

									wan' bis	, 140.			
	PLACE OF DEATH a. COUNTY	Wicomio	20	MARY	LAND	2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE Maryland b COUNTY Talbot							
	b CITY OR TOWN (II RURAL and give no	outside corporate limi	ts, write	c. LENGTH OF STAY	- 11	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Salis			8 mo. 26 d	lays	Witt	tman			200	Ζ.	erel	
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street			d STREET ADDRESS				0 1	S RESE	DENCE	
	OR INSTITUTION	s Head Sta	te H	osnital								NO []	
				*			Ti			1 .			
	NAME OF DECEASED (Type or print)	Geor		Middle Thomas	3	Green	4. DATE OF DEATH	Mar Maj		23,		<b>9</b> 58	
5. 5	SEX	6 COLOR OR RACE	7 MARI	RIED TO NEVER MARRIE	D []	DATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR IF	UNDE	R 24 HRS	
	rlale	Negro	WIDOW			August 2, 18	390	last birthday)	Manths	Days H	laurs	Min	
10a	USUAL OCCUPATIO	ON (Give kind of work	dane 10b.	President Company		TRY 11 BIRTHPLACE (State			12 CITE	ZEN OF V	WHAT	COUNTRY?	
	during mast af work	ing life, even if retired	)										
12	FATHER'S NAME					LASTOI	n, liar	ylana		USA			
13													
		ge Green					Green						
15 (Yes	WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17 IN	IFORMANT		Add	ress				
, ,	Unk.			14-16-4515	De	er's Head Ik	spita	l Records	. Sal	isbur	TV.	ı.d.	
	18 CAUSE OF DEA	TH   Enter anily and co	use per li	ne for (o), (b), and (c).						INTERV	AL BET	IWEEN	
	PART IL DEA	TH WAS CAUSED BY.		Uremia						ONSET	AND	DEATH	
	2100	IMMEDIATE CAUSE (o	,	OI. HILL						-+	(2.40	Ju	
	260 X	DUE 10		Tubenessi	77~~~		-70000	4-			?		
	Canditians, if ar		}	intercapi.	TTar	y glomerulos	creros	15		-	í		
	cause (a), stating t												
	tying cause last	) (c	)	Diabetes	mell	itus					?		
S S	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	'EN IN PART	1(o) 19	WAS A	UTOPSY RMED?	
Š		Hypertensi	ve ar	terioscler	otic	cardiovascu	lar di	sease				NO 🔣	
MEDICAL CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF	CORRED	. (Enter nature of injury in	Part I or Por	t II of item 18.)					
Z.	20c TIME OF INJURY	Y Month, Day, Yes	or 20d, II	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, far	m, 20f. (Cin	r or lown)	ic	ounty)	_	(Stote)	
EDIC	Haur a.m.	10	White	Not while	fact	tory, street, office bldg., et	(c.)	,	,-	,,		(0.0.0)	
×	p. m,	17		k 🔲 af work 🛄	- 0		i						
	21. I certify the	at I attended the	deceas	ed from Aug.	28_	19.57, to_s	ay 2	19_53	,that I le	ost saw	the e	deceased	
	olive on Ma	ıy 23,	, 19	58, and that	death	occurred at 9:45	EPM, from	m the causes o	and on th	e date	stote	d above	
		1		*			ADDRESS IS	treet cily or town				TE SIGNED	
	ACTUAL SIGNATURE	102.016	ur	man.		.o. Salis	ו שייני בור	Marvland		t	1/01	./E8	
	310MATORE						استور تهامانك				de for street to	¥222	
	PHYSICIAN'S NAME (Type)			, .1. D.		Deerla	Head	State Ho	srita	1			
220	BUNTAL CREMATION	N. 226. DATE THEREC	F	22c NAME OF CEME	TERY OR	CREMATORY	22d LOCA	TION (City, tawn,	or county)		(Slote	) ,	
	REMOVAL (Specify)	Thon 27	150	Therur	rod		5	herus	mul	7	120	al	
23.	FUNERAL DIRECTOR'S	SIGNATURE	-	ADDRESS		A 240. REC	'D BY REGIS	TRAR 24b REGI	STRAR'S SIG	NATURE			
1	/-	10.m	1.0	D-57 7	Mr.	Arrial DATE I	IAY 2 9	E0 0.	1	- 9			
1	THE PROPERTY OF	- Illeria	ا منام الله الله	- 50.11		A I NVIE (A	141 6 9	30 1 1 9 0 0					



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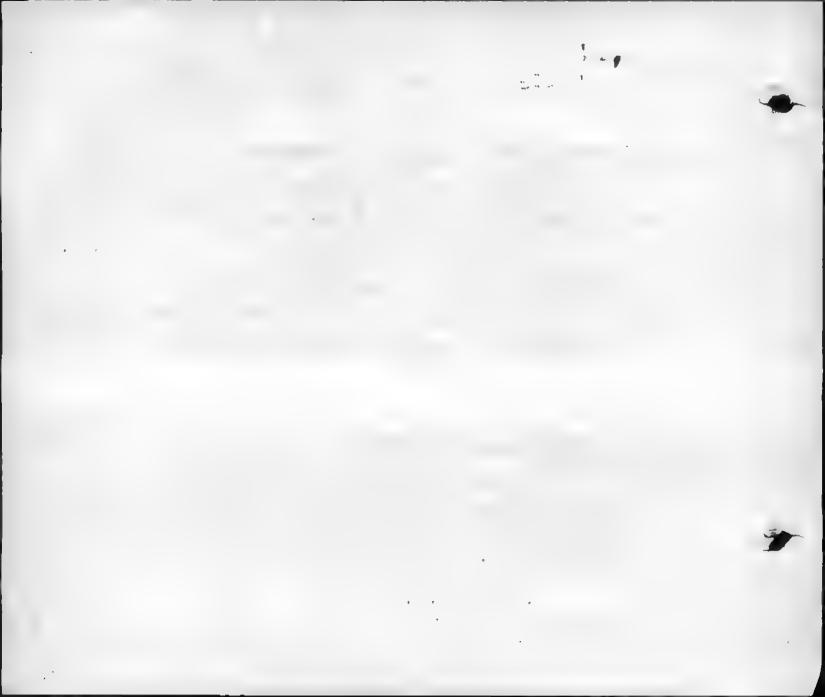
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MARYLAND STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
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CERTIFICATE OF DEATH

06267

	6	271	CERTIF	ICAT	E OF DEATI	Н		Reg. Dist	t. No.		
1. PLACE OF DEATH 6. COUNTY Wicomic	30		MARYL	- 11	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE b. COUNTY Talbot						
	outside corporate lim	ls, write	c. LENGTH OF STAY IN	v 1Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Salisb	ITY		78 days		Easton		A	* , *	-	V	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,	ive street	oddress)		d. STREET ADDRESS					RESIDENCE N A FARM?	
Deerls	Head State	Hos	pital		605 Dover	Road				□ NO 🖳	
3. NAME OF DECEASED (Type or print)	Fi Geo	reia	Middle		Green	4. DATE OF DEATH	Mon		Day 28	Yeor 19 58	
5. SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years last birthday)			NDER 24 HRS	
Female	Colored	WIDOW	DIVORCED		June 1. 186	2	95 yrs.	Months	Doys Ho	vrs Min.	
On USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR				ountry)	12 CITI	ZEN OF WI	HAT COUNTR	
None					Marylar	ad			U.S	.A.	
3 FATHER'S NAME				14	. MOTHER'S MAIDEN I	NAME					
	Morris				Tillie	Johns	on				
S WAS DECEASED EVE	R IN U.S. ARMED FOR	CESP 16.	SOCIAL SECURITY NO	17 INFO	MANT		Add	ress			
Unk				Ho	spital Reco	rds.	Salisbu	ry. M	aryla	nd	
		use per la	ne for (a), (b), and (c).						INTERVA	BETWEEN ND DEATH	
PART I, DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (c	Art	eriosclerot	ic ca	rdiovascula	r dis	ease with	1	OI43EI A	IND DEATH	
4 1	DUE TO	aor	tic stenosi	S						?	
Conditions, if or		)									
gave rise to in											
lying couse lost.	) (0	)									
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19 W	AS AUTOPSY REORMED?	
Ununited:			k of left f							□ NO X	
THE BITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED (E	nter nature of injury in	Port I or Por	t II of item 18.)	.,			
20c. TIME OF INJUR Hour o. m. p. m.	r Manth, Day, Ye	20d. II While at wor	Not while	0e PLACE ( factory,	OF INJURY !Home, farm street, office bldg., etc	20f. (City	or town)	(Co	ounly)	(State)	
21. I sertify th	at 1 attended the	deceas	ed from Marc	h 12	19 58 ta	May 2	3 , 19 58	that I k	ast saw F	ha decess	
alive an Maj			58, and that d		curred at 8:30	AM, from	n the causes o	ind on the	e date si	ated abay	
ACTUAL SIGNATURE	at you	ru	an	M.D.						4/28/58	
PHYSICIAN'S NAME (Type)			rman, M. D.		Salisbury	, Mar	yland			4/28/58	
220 BURTAL, CREMATION REMOVAL (Specify)	5/31/3	-8	Shere	ERY OR CRI	MATORY	21 10CA	JION (City, town, o	or county)	, 1	Stole)	
3. EUNERAL DIRECTOR	SIGNATURE	1	ADDRESS	,	Manage	D BY REGIST		STAR'S SIGI	MATURE		
Homan	A. ma	rolle	le OX mu	charle	and DATE JE	IN A III	58 / 404	Arabu	en		



06268

## CERTIFICATE OF DEATH

Reg. Dist. No ....

1		
ī	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
Į	COUNTY WICO MARYLAND	STATE Maryland county Wie Emico
4	CITY (II outside corporate limits, write RURAL LENGTH OF STAY	City (If outside corporate limits, write RURAL and give necrest town)
	OR end give nagrast lown) TOWN 7./ S DUY (In this place)	12 TOWN Colisbring
. 1	HOSPITAL OR INSTITUTION OR TY	STREET (If garet give locetion)
, ,	STREET ADDRESS / 10 LE M M . S 5T,	Dennes St.
ı	3. NAME OF (First) (Middle)	(Lasi) 4. DATE (Month) (Dey) (Yeer)
1	(Type or Print) Greorge Lyvin H	ZNOV DEATH MIZY RE 1955
1	. I have Aupower amonde	OF BIRTH 9. AGE last burkday F UNDER 1 YEAR IF UNDER 24 HRS.
İ	Male BACE / Stoppelly Class Octo	Lew 27, 1899 58 yrs. Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS done during most of working life, eyen if OR INDUSTRY	11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY?
i	retired La Povev Fair	Heermack Cirenty 1- 21.2. 4.
ı	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ł	Isaac James Handy	Mayoavet Ann Walson
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	(Yes, no, or unk.) (If Yes, give war or dates of service)	Bloxem -
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	white the second	C'Hemesshage
	ANTECEMENT CAUSE (A) ANTECEMENT CAUSE DUE TO	
	DISEASES OR CONDITIONS, IF ANY. (B)	course Chiphacease
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
į	(C)	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
ľ	DISEASE OR CONDITION CAUSING DEATH.  194. DATE OF OPERATION   195. MAJOR FINDINGS OF OPERATION	
ŀ	194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
ı	218. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.)	
ı	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While While Not while	21f. HOW DID INJURY OCCUR?
ł	M.   et work L.   et work L.	The state of the s
ı	22. I hereby certify that I attended the deceased from	
1		at A.M. from the causes and on the date stated above.
1	SIGNATURE /	ADDRESS (Street, city, town, state)  DATE SIGNED
	23. BURIAL, CREMATION. 1 DATE THEREOF I NAME OF CEMETERY OF	R CREMATORY   OCATION (City/town, of county) (State)
	BREMOVAL (SPECIEV)	
	24. REC'D BY REGISTRAR A REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	MIN 2 '58 Oll reduch	161 171
1	DATE	17 Cagar Monas Accomac

The law requires that the death mertificate be INSTRUCTIONS ATTENDING PH'A CHAIN OR HOTHITAL THE law requires that The bottom copy may be retained by the hospital or attending physician. this is

copy

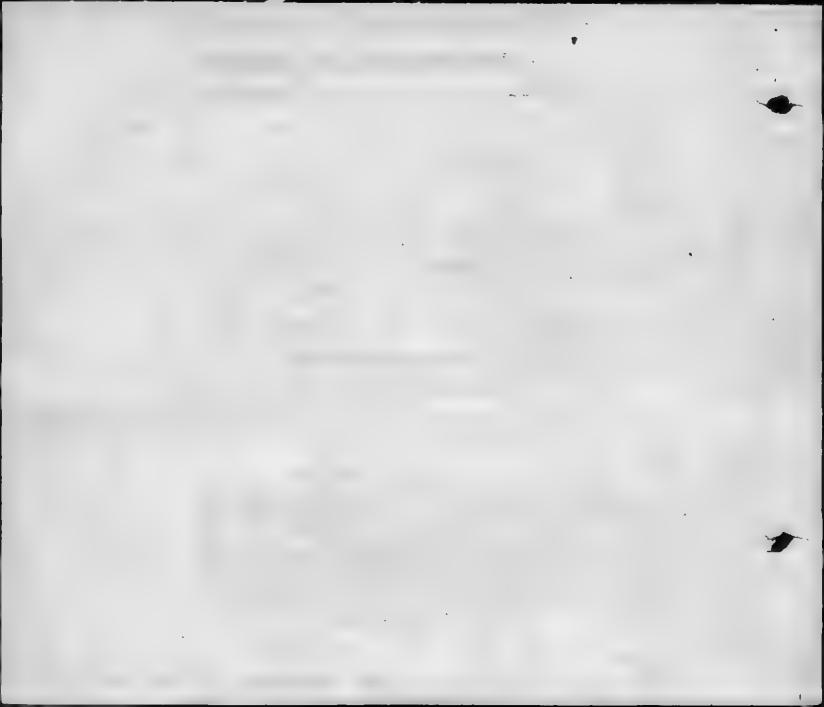
death.

registral within 72 lours after de by the funeral director, the third

青 .5

TO FUNELAL DIRECTOR The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

ours after death.





VS A15 (4) 15M 10/57 悄

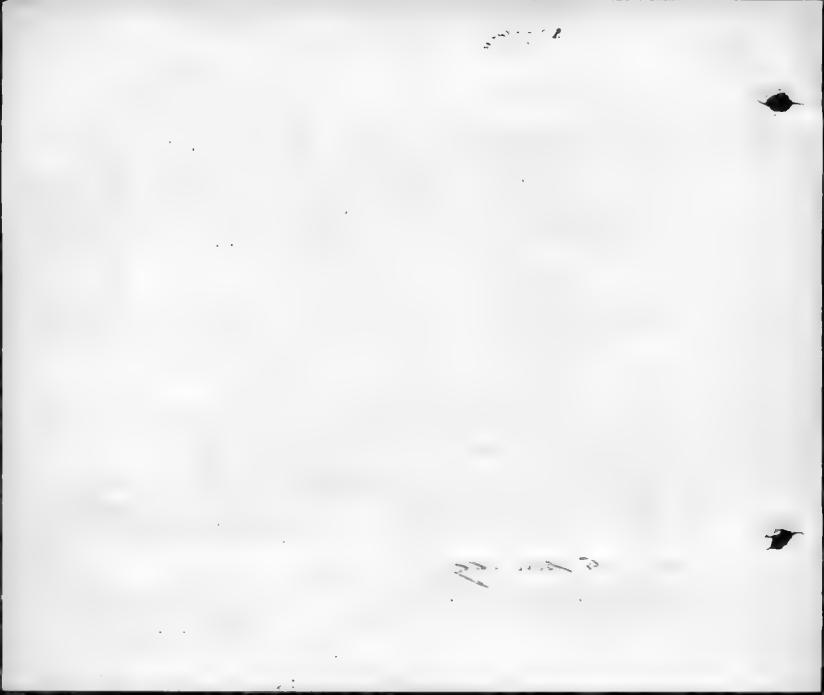
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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
	• • • • • • • • • • • • • • • • • • • •		-

6274 CERTIFICATE OF DEATH

06270

		~	<b>4</b>						Keg. DIST.	, NO.	
1. PLACE OF DEATH o COUNTY	Miconico		MARYL	- 11	o. STATE	_		lived If institution			ission)
	Wicomico					arylar			Talb		
RURAL and give no		ls, write	c. LENGTH OF STAY II	N 16		_		rate limits, write R	JRAL and giv	re negrest to	wn)
	sbury		18 days			Eastor	1	داد			
OR INSTITUTION	FAT (If not in hospital, g				d STREET A					ON	ESIDENCE A FARM?
Deer's	Head State	Hos	pital			320	Augus	t St.		YES	□ NO 🛜
3 NAME OF DECEASED {Type or print}	Fir W		Mario	n	Har		4. DATE OF DEATH	Mon May		18th	Yeor 19 58
5. SEX	6. COLOR OR RACE	7 MAR	RIED NEVER MARRIED	В	DATE OF BIRTH	1		9 AGE (In years		YEAR IF UN	DER 24 HRS
Male	White	WIDOW			lug. 14	, 1869	9	lost birthdoy)	Months D	loys Hour	rs M n
100 USUAL OCCUPATION	ON (Give kind of work	done 10b	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL	ACE (Slote o	or foreign co	untry)	12 CITIZ	EN OF WHA	AT COUNTRY
Reti	king life, even if retired red		404		S	alisbu	ry, M	d.		USA	
13. FATHER'S NAME					14. MOTHER'S		~ 0				
Ge	eorge Hart				Ma	ary Pa	arsons				
15 WAS DECEASED EVE	R IN U. S. APMED FOR		SOCIAL SECURITY NO.	17, INF	ORMANT			Addi	ess		
Unk	(If yes, give wor or dates of s	-		Dee	er's He	ad Hos	spital	Records	, Sali	sbury	, Md.
			ine for (a), (b), and (c) ]							INTERVAL	AD DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	Ca. of Stor	macn						Unkno	own
/5/X	DUE TO										
Conditions, if o		)									
gove rise to i couse (o), stoling											
lying couse lost.	) {c										
PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO	THE TERMIN	NAL DISEASI	CONDITION GIV	EN IN PART I	PERF	S AUTOPSY FORMED?
20a. ACCIDENT WA	AS_UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED	Enler noture of	I injury in Pi	ort I or Part	II of item 18.)		1.25	
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)										
\$ 20c. TIME OF INJUR	Y Month, Day, Yes	or 20d. i	NJURY OCCURRED 2	20e PLAC	E OF INJURY (I	lame, form,	20f. (City	or lown)	(Co	unty)	(Stole)
Hour o.m.	19	While	Not while	focto	ry, street, office	bldg., etc.)		•	•		
				20	٠, ٢	0	(	0 10 5	0		
			sed from April								
alive on	1ay 10	, 19	58,, and that (	death o	ccurred at,			n the causes a reet, city or town,			oted above
ACTUAL	5. A.						•	. ,	110/21		
SIGNATURE				M	D	alishu	LLY.	aryland_		5/-	19/58_
PHYSICIAN'S NAME (Type)	G. Kosma	hly,	M. D.		De	er's	Head	State Ho	spital		
220 BURIAL CREMATIO	N. 226. DATE THEREO	F	22c NAME OF CEMET	TERY OR	REMATORY			ION (City, town, o		{SI	lote)
PEMOYAL (Specify)		758	Cambridge	Ceme	tery		Cami	oridge,Md	•		
23 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS Camb	ride	e,Md.	240 REC'D	BY REGIST		TRAR'S SIGN	P	
Remet	UK. OU	ruce	er.	7	y	DATEMAY	2 1 '58	3 Will	educe	M	



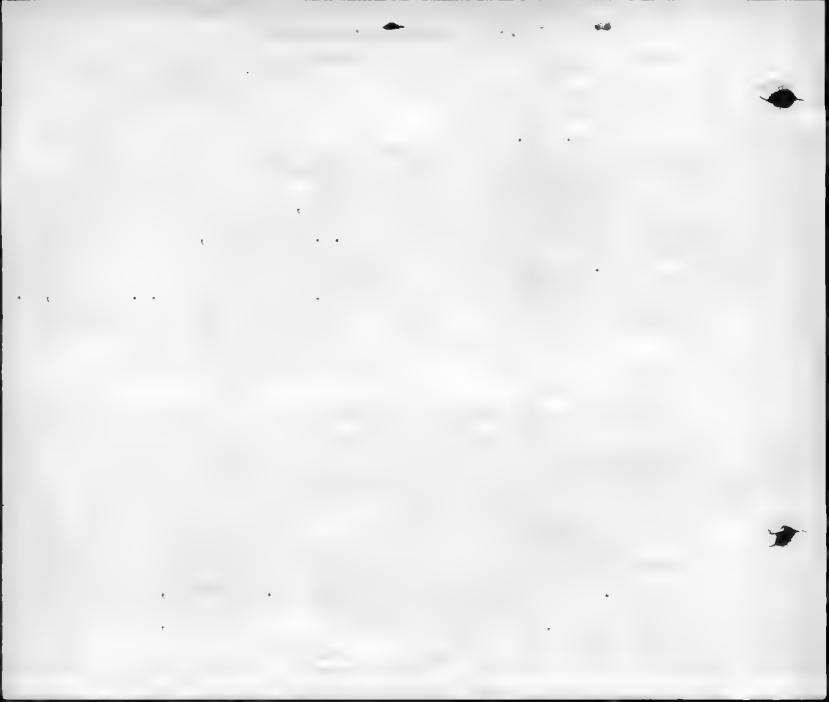
VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
6275	CERTIFICATE	OF	DEATH	Đ.

06271

Reg. Dist. No.

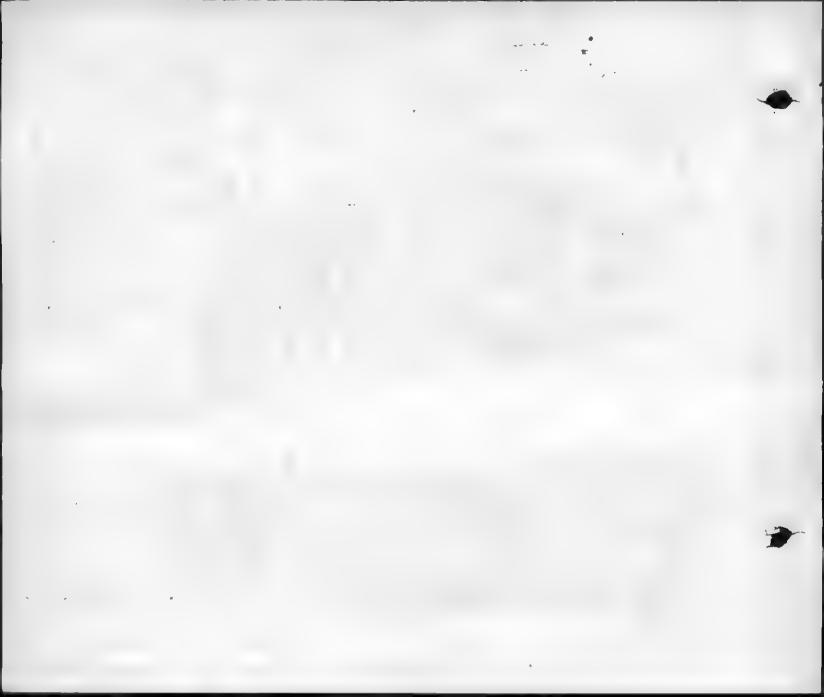
		<u> </u>				-1011 - 147	
1, PLACE OF DEATH 0. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary	yland	red. If institutions Resid b. COUNTY	W1com1c	
b. CITY OR TOWN (I RURAL and give no	f autide carporate limits, write sarest town; Salisbury	c. LENGTH OF STAY IN 16	c CITY OR TOWN (II o	outside corporate Labury	s limits, write RURAL or	nd give nearest town}	
d NAME OF HOSPIT OR INSTITUTION	At (If not in hospitol, give street Pen. Gen. H		d. STREET ADDRESS	Baker	r St	e. IS RESIL ON A I YES	ARM?
3. NAME OF DECEASED (Type or print)	JOSEPH	CLAYTON	HASTINGS	4. DATE OF DEATH	Month MAY	6 th	58
Female	White widow	37.9	B. DATE OF BIRTH		AGE (In years IF UNC last birthday) Month	Days Hours	24 HRS Min
100 USUAL OCCUPATION during most of world Retired	ON (Give kind of work done 10b. king life even if retired) LMD Loyee - Lumb	kind of Business or indi	R.D.# Sa	alisbu		USA	OUNTRY?
13. FATHER'S NAME	S. Hastings		14. MOTHER'S MAIDEN N	_			
	R IN U. S. ARMED FORCES? 16.	FOCIAL SSCUBITY NO. 117			Address		
(You, no. or untappen)	(If yes, give war or dates of service)	SOCIAL SECORITY NO.	r Lee H.Benr	nett(Ne	ephew R.D	.# 1 Ede	n, Md
Canditions, if o gave rise to journ (a), stoling lying cause last.	mmediate   DUE TO (c)	aceron	a 1740 /	stone	ach	INTERVAL BET	0,
PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE C	ONDITION GIVEN IN P	PART I(a) 19. WAS AI PERFOR YES	MED?
G (IF EITHER, NOTIFY	AS UNDERLYING 206 DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Part I or Port II	af item 18.)		
ZOc. TIME OF INJUR Haur a. m. p. m.	While	NJURY OCCURRED 20e P Not while k at work	LACE OF INJURY (Home, farm actory, street, affice bldg, etc	n, 20f. (City or	igwn)	(County)	(State)
21. I certify the alive an actual signature	nat I attended the decease 195	ed from 4/7 82, and that deat			he causes and and city or town state)	//	
PHYSICIAN'S DINAME (Type)		sley /	Maryland Av	e. Sal	isbury,Md	May 7	15
REMOVAL SPATY	May 8,1958	Parsons C		Sal:	N (City town, or count 1 sbyry, M	aryland	
23 FUNERAL DIRECTOR HOLLOWAY	*s signature & COMPANY	SALISBURY M	ARYLAND DAMAY	d by registral	R 246 REGISTRAR'S		



within

death

requires that the



**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18** 



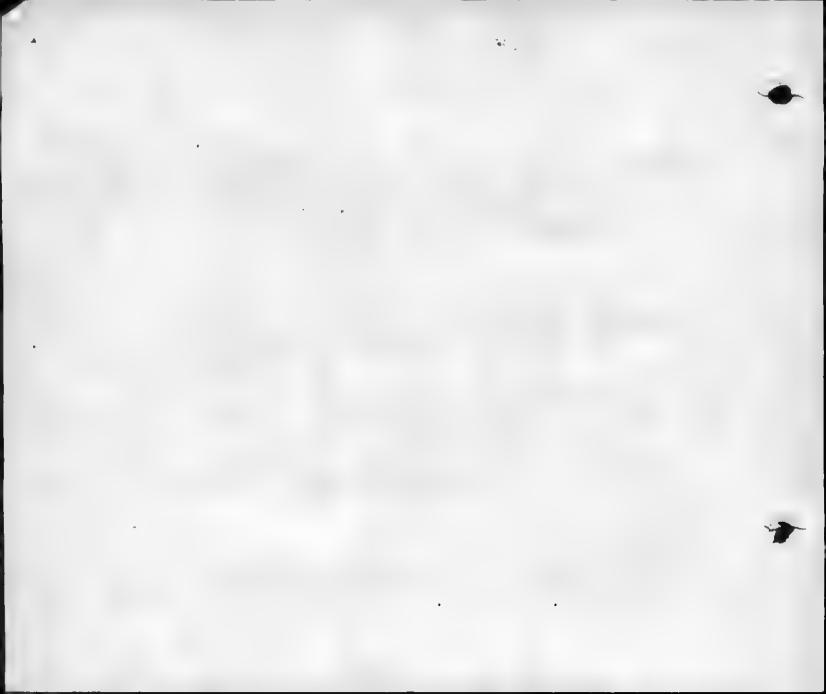
CMEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. NO 6274 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY Vicomico MARYLAND Wicomico b. CITY OR TOWN (If outside corporale limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Salisburv Salisbury P d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a, IS RESIDENCE ON A FARM? 228 Lake St. YES NO NO NAME OF First Middle DATE Lost Month Day DECEASED 18 Hendrix DEATH (Type or print) Lonnie 10 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR! IF UNDER 24 HRS. 5 SEX the and 3 to the retained for Months Days Hours Dec. WIDOWED I DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind at work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) offer 2, and puo ê 13. FATHER'S NAME ADE: 14. MOTHER'S MAIDEN NAME Poges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address yes, give war or dates of service) Give ileri i P.M.3. NTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ] Avute congestive heart failure PART I. DEATH WAS CAUSED BY: Sudden IMMEDIATE CAUSE (o) along with for burial-tronsit DUE TO E Canditions, if ony, which Arteriosclerotic cardic-vasculor disease Veare gove rise to immediate couse DUE TO (a), stoting the underlying cause lost. pending in PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 0 CATION WAS AUTOPSY PERFORMED? YES [7] NO T word "pendi CERTIFI 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) S TOO factory, street, affice bldg., etc.) Hour o. m. While Not while at work at work D. m. 2). I certify that I taok charge of the remains described above, held on Autopsy 1. Inspection Inquiry X and find that death resulted fram: Natural causes [7]. Accident . Suicide . Homicide , Undetermined cause forwarded to the CT TO FUNERAL DIRECTO **DATE SIGNED** ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 5-26-58 DEPUTY MEDICAL EXAMINER T NAME (Type) Rover. 22c. NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE/ DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(5) 5M 9/55

DEPUTY MEDICAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





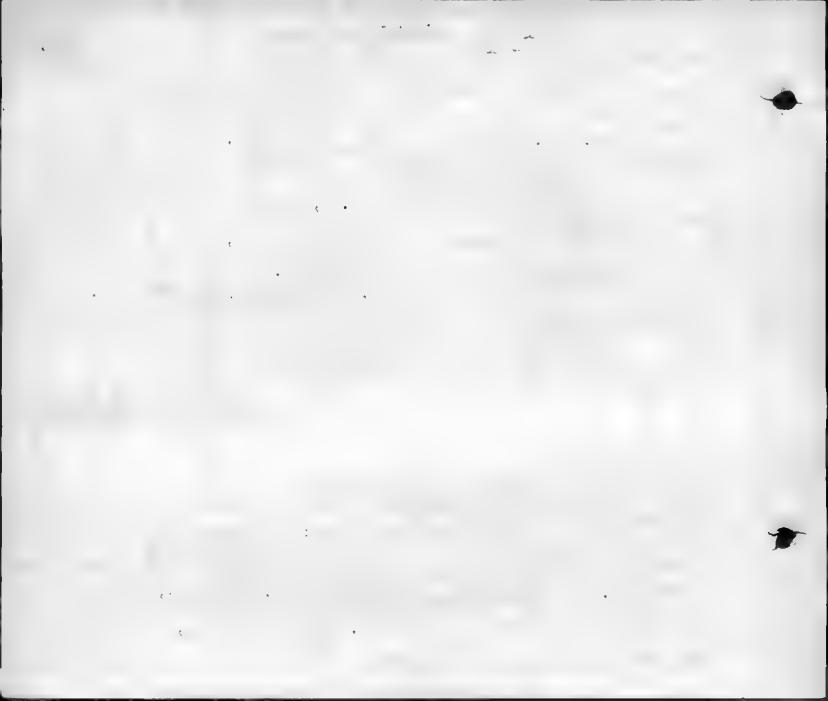
VS A1S (4) 1SM 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

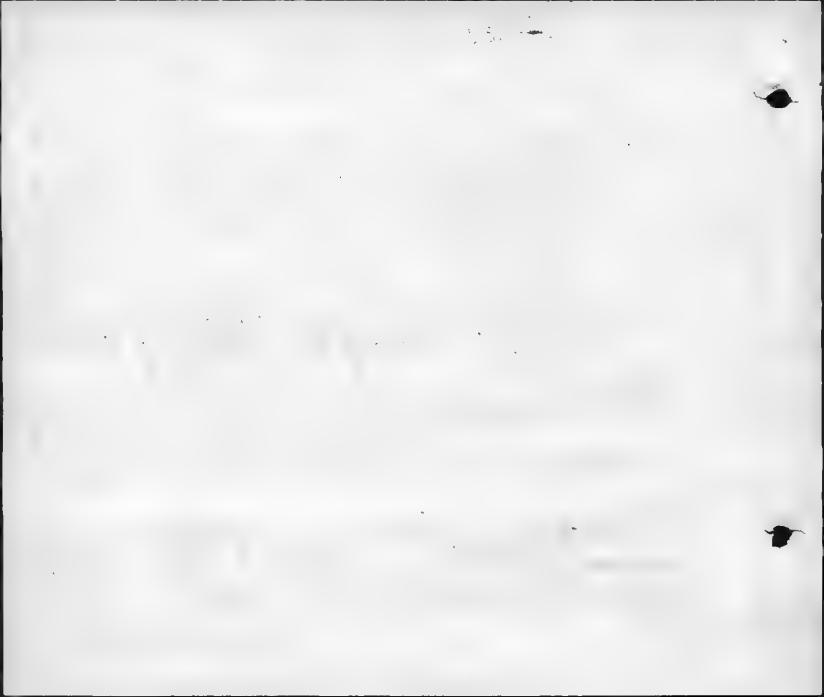
6280 CERTIFICATE OF DEATH

Reg. Dist. No. ()6277

1. PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest fown) Sallsbury	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) /.2 Salisbury
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Pen. Gen. Hospital	d STREET ADDRESS Carey Ave.  on a farm? YES \( \) NO \( \)
3. NAME OF First Middle OFCEASED (Type or print) NORMAN PAIGE	KELLY OF MAY 19th 19 58
S SEX   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH  Jan. 14, 1907  9. AGE (In years   FUNDER I YEAR   IF UNDER 24 HRS   Gut birthday)  yrs.   Months   Days   Hours   Min.
10d USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Painter  Painting	ISTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Cape Charles, Virginia USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Roland Kelly	Addie L. Shay
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 174	rs. Irma Kelly(Wife) Carey Ave. Salisbury, Maryland
PART I DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Output  Canditions, if any, which gave rise to immediate cause (a), staling the under-lying cause last  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	Arombass Internal perween onser and death onser and death of the ferminal disease condition given in part 1(a) 19 Was autopsy Performed?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO X  ED (Enter nature of injury in Part I ar Part II of item 18)
20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. P While Nat white at work at work at wark	CACE OF INJURY (Home, farm, 20f (City or town) (Caunty) (State) actory, street, affice bldg , etc.)
21. I certify that Lattended the deceased from June alive an June 1935, and that deat signature of the signa	h occurred at 6:55P M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  May 2/ 15
PHYSICIAN'S Dr. Barl Beardsley	Maryland Ave. Salisbury, Maryland
22c. NAME OF CEMETERY (REMOVAL (Specify) Burial May 22,1958 Wicomico	DR CREMATORY 22d LOCATION (City town, or county) (State) Mem. Park Salisbury, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MA	RYLAND DATE MAY 2 2 '58   Que (



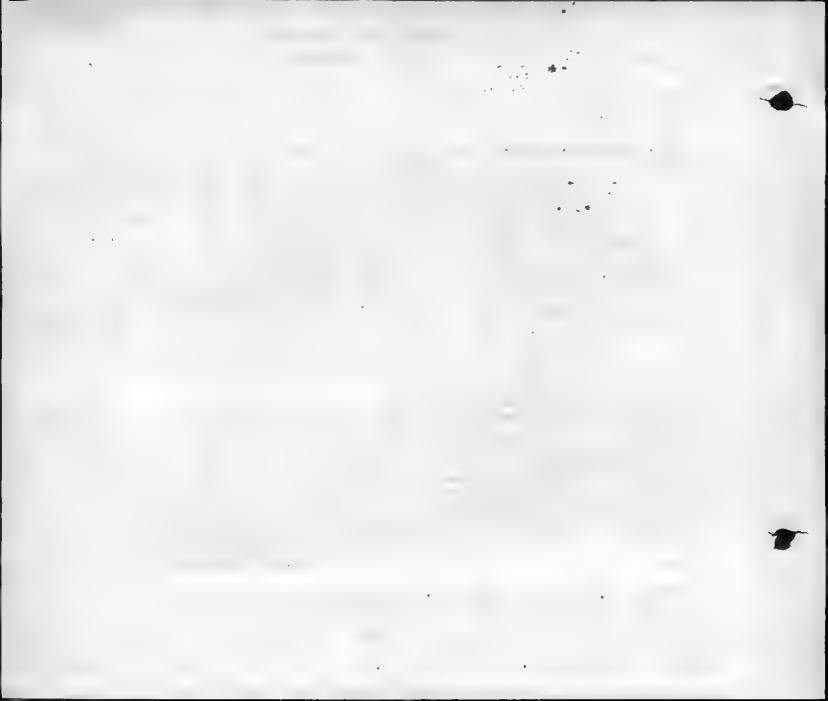
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6281 **CERTIFICATE OF DEATH** Reg. Dist. No.06278 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY o STATE b. COUNTY MARYLAND WICOMICO b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town] d. NAME OF HOSPITAL (V not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION RMINSUL neral YES NO X NAME OF First Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 19 5 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B/DATE OF BIRTH AGE (In years lost birthday) Months Days DIVORCED | WIDOWED [ popers. YEL 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY death. SALE gug SMAN carbon offer 13. FATHER'S NAME MATRICIC 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT OCOMOKE, MD 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** permit. Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. **buriol-transit** CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES 🔲 NO. 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year (County) (Stote) foctory, street, office bldg., etc.) Hour a. n. While Not while 19 of work at work p. m. 21. I certify that I attended the deceased from ., 12.5 Athat I last saw the deceased and that death occurred at A. M. from the causes and on the date stated above. ADDRESS (Street, city or fown, state) SIGNATURE should PHYSICIAN'S ALISBUR 11 MORE NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d\_LOCATION (City, town, or county) afind (Stote) REMOVAL (Specify) OCOMOKE 9 FUNERAL DIRECTOR'S SIBNATURE ADDRESS! 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 9/55



7				MARY	AND	STATE DEP	ARTM	ENT OF H	EALTH-	-BALTI	MORE, 1	8	
* 35/~				" 6	302	CERT	IFICA	TE OF	DEATH			Reg. Dist. N	. 06279
M directs		1, 1	LACE OF DEATH COUNTY Wico	mi co		MAI	RYLAND	2 USUAL RESI	pence (who	re deceased li	ved. If institutio b. COUNTY	ni Residence be	fore admission)
De f		-	CITY OR TOWN (I	l outside carparate limi	ts, write	e LENGTH OF STA	Y IN 1b	c CITY OR	TOWN (If our	Iside corporat	e limits, write RL	JRAL and give n	eorest town)
2 2 2			Frui	tland		5 Yrs.		-	Fruit	land			
urs afte by the d 2 sho		,	OR INSTITUTION,	AL (II not in haspital, g	ive street o	address}		d STREET A		St.,			o, is residence on a farm?, yes \( \text{NO} \( \text{RS} \)
illed m			NAME OF DECEASED Type or print}	GRAS:		Midd	lle	MALONE		4. DATE OF DEATH	Mont 5	1	O 1958
Pag Pag		S. 5	Male	6. COLOR OR RACE	7. MARRI	ED 🗌 NEVER MAR		B. DATE OF BIRT	_	9.	AGE (In years last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS. Hours Min.
ed w			ARRER	White	WIDOWE			eb,28,					
ond comp on popel f death,		10a	during most of work Farner	ON (Give kind of work or ing life, even if retired (retire)	1 !	Own Far			aryla	_	try)	U.S	A .
D 5 4 5		13.	FATHER'S NAME					14 MOTHER'S	MAIDEN NA	WE			
sicion re ca irs aff			John Ma						abeth	Whit			
Physical Phy		1\$ [Yes		R IN U. S ARMED FOR		SOCIAL SECURITY N		IFORMANT			Addr		
h ca ling se re			No			Vone	Mr	s. Hil	da Bo	unds,	Siloa	m, Md.	
deat tend plea				TH [Enter anly one co	use per lig	for (a) (b), and (	(1)		Λ			OI OI	TERVAL BETWEEN VISET AMO DEATH
the of the of the of the of			PARI I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	mem	ora	My le	em	0			2 hrs
Part Part			5 Yxx	DUE TO	6/		Louis	in (	2105	Va.	~ D. L	10	2111
S Jim S			Conditions, if a gave rise to i	nmediate	-	g/per 1	1	1	A WOOL	, • (),	andrie	Cases	5 9/s
requirion. In sign. In sign. In sign. In sign. In sign. In sign.		_	cause (a), stating lying cause last.	the under- DUE TO	<u>,</u>	cronce	- N	ephri	li,	*****			540
physic physic has bee riol-tra noval,	D	CERTIFICATION		IER SIGNIFICANT CON								EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO EX
IAN: T ending ficate   the bu			200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20ь. DESC	RIBE HOW INJURY	OCCURRED	). (Enter nature o	af injury in Po	ort 1 ar Port II	of item 18.)		
PHYSIC of or of his cert use as		MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes 19	20d IN While of work	Not while	20e. PLA Fac	CE OF INJURY I tory, street, affic	(Hame, farm, e bidg., etc.)	20f (City or	tawn)	(Count	y) (Stote)
NG spiter that I for the			21. I certify th	at I attended the	decease	d from So	pt 10	1950	1. 10 IV	au	10 1958	that I last	saw the decease
drie Grand			alive on MA	au &	_, 12.5	&, and the	i at death	occurred at		• 1	•		ate stated above
de 6			(,)	0/	0 (	Pina.	4	1	D A	DORESS (Street		tate)	DATE SIGNE
A d D S o o			ACTUAL SIGNATURE	" / ran	1/3	rigun	de,	N.D. 291	Runc		liam o	V	0/10/18
retaine RAL Di should strar pr			PHYSICIAN'S E	3.F. Ai	9.8	ナルナノ		()	rine	iess K	Inne		/ /
HOSPI oy be FUNER 1 3 3 3 6 7 6 7 6 7 8 9 15		220	REMOVAL (Specify)			22c. NAME OF CE			1		N (City, town, o		(State)
5 5 g =		23.	Purial FUNERAL DIRECTOR		58	Siloan ADDRESS	<u>L Car</u>	erery	24a, REC'D	BY REGISTRA		arylan TRAR'S SIGNAT	
VS A15 (4) 15M 9/S5	v	н	171 & To	hnson Sal	ishı	1 N - 1 1 - 2			DATE MA		000	1	1
1200 1734		<u> </u>	2)	40	0				· RELA	Charles Company		T. E. S.L.	*
			1/emi	34 A. 50	une								



1			MARYL	AND STATE DEPA	RTMENT O	F HEALTH-BA	LTIMORE, 1	
<b>4</b> 2 <i>E</i>				6282 CERTI	FICATE O	F DEATH		06280 Reg. Dist. No.
oge d yit		1.	PLACE OF DEATH		II m STAT	RESIDENCE (Where deceo	ed lived. If institution	ni Residence before admission)
1. 15 de 1	- /	_	Wicomico	MARY	Ma	ryland		comico
t o o			<ul> <li>CITY OR TOWN (If outside corporate limit RURAL and give nearest town)</li> </ul>	s. LENGTH OF STAY	IN 16 c. CITY	OR TOWN (If oulside car	porate limits, write RU	IRAL and give nearest fawn)
2 5 5 5 5		_	Salisbury	10 Days	100	Salisbury		
r the 2 sho			d NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	ive street address)		SET ADDRESS		e. IS RESIDENCE ON A FARM?
in by			Sp. Hill Pr. Sa		31			YES NO
72 je 77		3.	NAME OF Fire DECEASED (Type or print) ERNEST	SLEMONS	McBRIE!	TY 4. DATE OF DEAT	м <sub>олн</sub> н 5	10 19 58
<b>∓ ≻ §</b>	- )	5.	SEX 6. COLOR OR RACE	7 MARRIED NEVER MARRI	ED B DATE OF	BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Z e Z	1)		Male White		□ May l'		last hichday)	Months Days Hours Min.
courte com		100	USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	ione 10b. KIND OF BUSINESS O	R INDUSTRY 13 BIR	THPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY
\$ P 5 8		-	is & Real Estate	Broker		Maryland		U.S.A.
ter be		13.	FATHER'S NAME		14. MOTH	IER'S MAIDEN NAME		
sicic		L	George W. McBrie			orence Lon	g	
physici pmove bours		15.	WAS DECEASED EVER IN U. S. ARMED FOR: s. no. or unknown) [(If yet, give wat or dates of st			. 17	Addre	
ing I			No			arriett b.	McBriety	, Same
death tendin please vithin			18. CAUSE OF DEATH [Enter only one co	use per line far (a), (b), and (c).	10 1	1	^	INTERVAL BETWEEN ONSET AND DEATH
he of which			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	(chellero	$\omega$ , $\omega$	uonillos	LO	Imanoly
of the			332 X DUE TO					
E DIE			Canditions, if any, which by					
- E & E			cause (a), staling the under-					
ician.		,	lying cause last. (c					
he law physic sas bec rial-tra		CERTIFICATION	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DES	ATH BUT NOT RELATE	D TO THE TERMINAL DISEA	SE CONDITION GIVE	IN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO YES
Fical Parent			20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY O	CCURRED. (Enler nal)	ure of injury in Part I or P	ort II of item 18)	
SIC att		MEDICAL	20c. TIME OF INJURY Month, Day, Yea		20e. PLACE OF INJL	JRY (Home, form, 201 (C	ity or tawn)	(County) (State)
al al		MED	Hour e.m. 19	While Not while at work and work	Tocrory, street,	arrica diag., eic.)		
Spiral for I			21. I certify that I attended the	deceased from /	/	57. to 5-	(1) 195>	that I lost saw the deceased
ENDI Ochec buria			olive on 5-10	. 1958 and that	death occurred	ot J. A. M. fre		nd on the date stated above
o de de de			, 21	0000	1		Street, city or town, s	
OR A ined b DIREC Id be prior			SIGNATURE William	R Elle	M.D. Sa	lisbury, M	aryland	
4 5 5 .			PHYSICIAN'S Dr. Wilber	Ellis, Jr.	Medical	Center Sa	lisbury,	Maryland
2 8 H to 10		220	BURIAL, CREMATION, 226, DATE THEREO		ETERY OR CREMATOL	274 LOC	ATION (City, town, or	county) (Stale)
may hope			PEMOVAL (Sapcify) 5/12/5	0	Cemeter			
5 5 0 F		23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	ACTUO COT.	24g, REC'D BY REGI		Maryland IRAR'S SIGNATURE
VS A15 (4) 15M 9/55	·	]	Hill & Johnson Co	. Salishury	Ма	DAKENY 1 3 '5	n. /	a Parish
		7						



1.	PLACE OF DEATH	icomico	6283	MARYL	il a	USUAL RESIDENCE					odmission) (mother
	b. CITY OR TOWN and give regret to DAILS	(If outside corporate limits, wn)	write RURAL	c. LENGTH OF STAY II	N 1b c	Mary		ocrate limits, write	RURAL or	nd give near	rest town)
		eital or institution sula Gene		oital, give street address	) d	S. STREET ADDRESS					ON A FARM?
3.	NAME OF DECEASED (Type or print)	(baby bo	First	Middle	Mc G	lost	4. DATE	Moni newboan	37	Doy	Year , 1958
	sex male	6. COLOR OR RAC	7. MARRIE	D NEVER MARRIED	8. DATE			9. AGE (In years last birthday) NOW DO 2714	IF UNDE Months		UNDER 24 HRS.
0	o. USUAL OCCUPAT during most of work NONG	FION (Give kind of waking life, even if relire	rk dane 10b. Ki d)	IND OF BUSINESS OR II	NDUSTRY 11	1. BIRTHPLACE (SIG			12. CI1		VHAT COUNTRY?
13	. FAMER'S NAME	int s	hock	kley	14. A	Ann Mc	NAME				
	n. PO. or unknown	(If yes, give war or date		SOCIAL SECURITY NO.	17. INFORA	want rds of Pe	ninsul	Address a General		n. Sal	lisburv l
		ATH (Enter only one								3	L BETWEEN NO DEATH
	77	IMMEDIATE CAUSE	(0)	- eona	at al	Asphyxi	<u>a</u>	<del></del>			nutes
	Conditions, if gave rise to imm (a), stoting the cause last.	IMMEDIATE CAUSE  DUE 1  any, which any, which any, which are couse	(o) (O	**eona	at al	Asphyxi	<u>a</u>				mutes
CATION	Conditions, if gave rise to imm (a), storing the cause last.	any, which ediate couse underlying	(o) (o) (b) (c)	MESUTING TO DEATH				E CONDITION GIV	YEN IN PAI	RT 1(a) 19.	
	Conditions, if gove rise to imm (o), stoting the couse last.  PART II. O  200. EXTERNAL C PRIMARY-19 or C CAUSE OF DEATE	any, which rediate course underlying DUE 1	(e) (b) (c) (c) (c) (d) (d) (d) (e) (e) (e) (e) (d) (e) (e) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	NTRIBUTING TO DEATH HOW INJURY OCCUR In automo	EBUT NOT RE	ELATED TO THE TER ature of injury in P	MINALDISEASI ort I or Port II NAY MA	of ilem 18.)		RT 1(a) 19.	WAS AUTOPSY PERFORMED?
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MEDICAL	Conditions, if gove rise to imm (o), stoting the cause last.  PART II. O  200. EXTERNAL C PRIMARY-E or C CAUSE OF DEATH  20c. TIME OF INJ. Hour a. m p. m  21. I certify death resulte  ACTUAL SIGNATURE:  EXAMINER'S NAME (Type)	any, which redicte course underlying DUE 1  THER SIGNIFICANT CO  AUSE WAS ONTRIBUTING D  UNY Month, Day,  That I toak charted fram: Nature and	(c) (b) (c) (c) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	HOW INJURY OCCURS  in automo  Not while  emains described  Accident  Multiple  Multipl	RED. (Enler no De ile e. PLACE OF foctory, sir aut.)  abave, h. Suicide  Act:	chure of injury in P  10 air  NUURY (Home, forest, office bldg., e OMODile  held an Autor  CHIEF MEDICAL  ASSISTANT MEDICAL	MINALDISEASI  MAY MA  rm, 20f. (City  c.) 20f. (City  c.) Ur  EXAMINER CALEXAMINER  L EXAMINER [	of item 18.] intaine or town)  Vic	ed (comic comic couse	PRT 1(a) 19. YES  DOUNTY)  CO  iry 2., (	WAS AUTOPSY PERFORMED? NO [] (State) Liaryla



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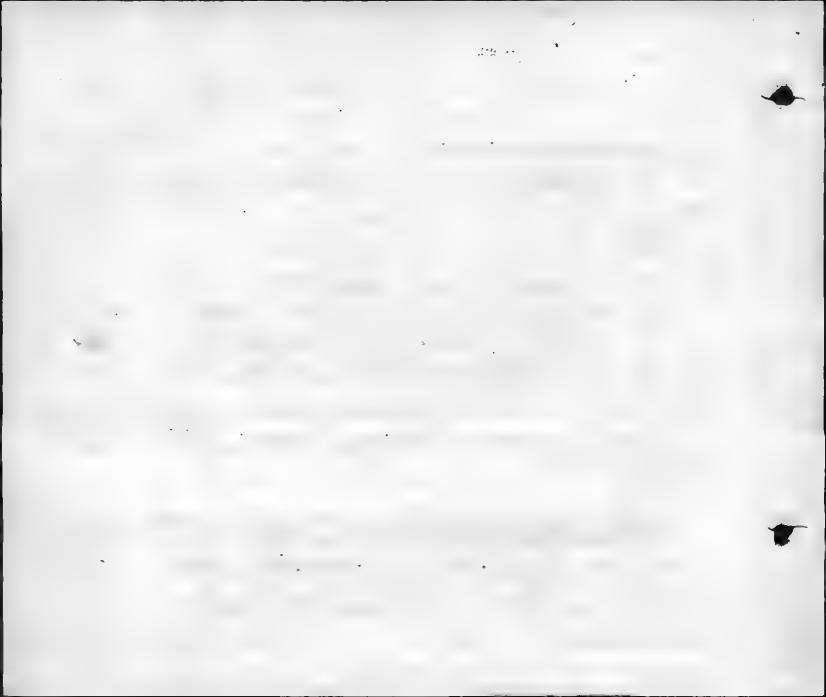
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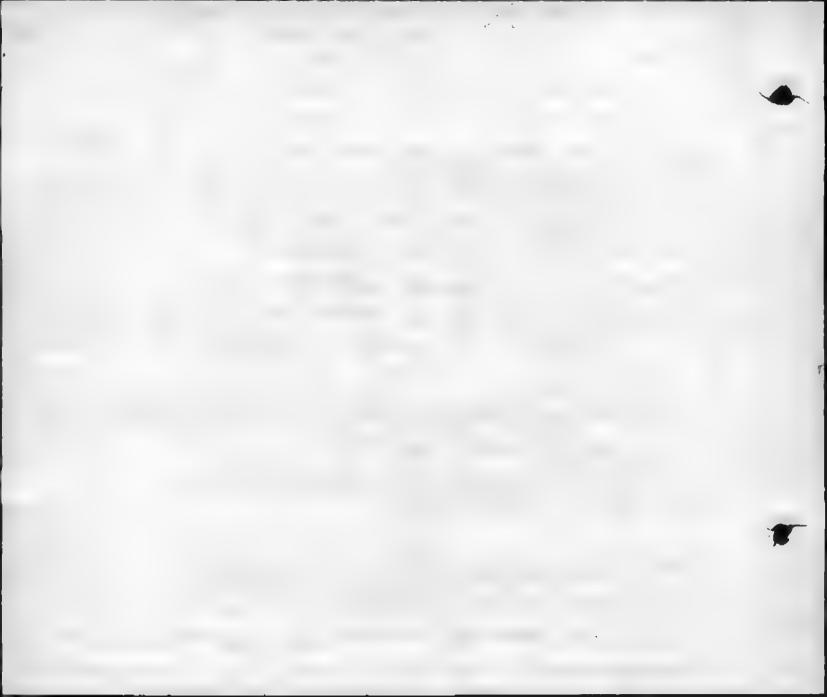
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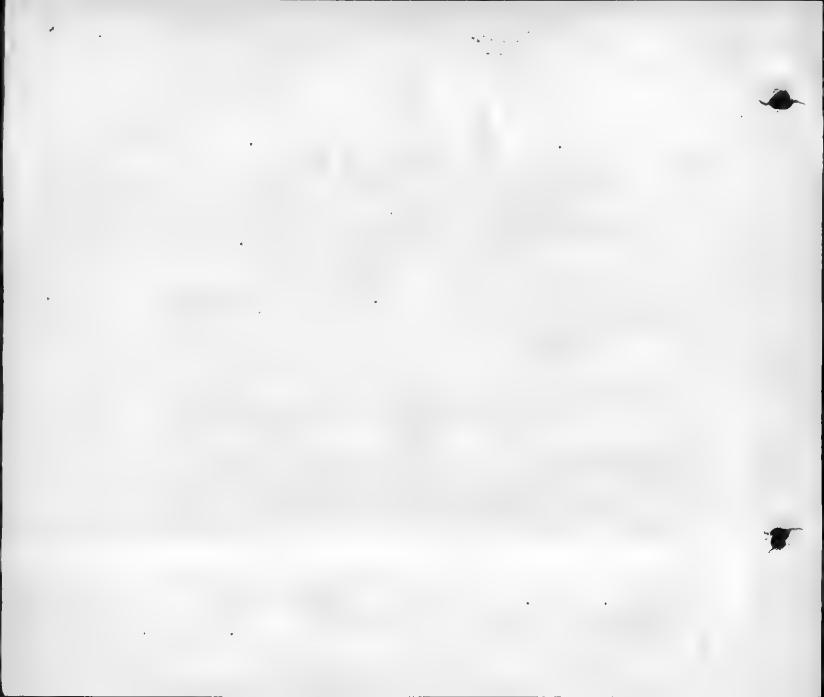
physician



CERTIFICATE OF DEATH 6303 Reg. Dist. No.() 6283 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY M b. COUNTY / MARYLAND Jucomies-CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO I NAME OF First Middle Lost 4. DATE Month Dav Year DECEASED (Type or print) DEATH 19, 5-8 6. COLOR OR RACE 9. AGE (In years lost birthday) 5. SEX B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED ME Months Days Hours WIDOWED DIVORCED [7] papers. 16a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) LV BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS death. during most of working life, even if retired) pup carbon Offer 14. MOTHER'S MANDEN NAM remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ROUNA IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gove rise to immediate ě DUE TO cattle (a), stating the underand lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY PERFORMED? YES | NO Z 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day. 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Year 20d. INJURY OCCURRED (County) (State) foctory, street office bldg .: etc.) While D M. of work of work 21. I certify that Lattended the deceased from 1952 that I last saw the deceased alive an death accurred at M, from the causes and an the date stated above. Ö ADDRESS (Street, city or town\_atote) ACTUAL shauld PHYSICIAN'S NAME (Type) HOSPIT FUNER, ന 22b. DATE THERSOF BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAS 246. REGISTRAR'S SIGNATURE W-3- EDILLINA V5 A15 (4) DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06285 CERTIFICATE OF DEATH Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND UICOMICO OMERSE! b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) SBURL 045 N d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? ENINSU JENERAL YES NO NAME OF Middle 4. DATE Lest Month Day Year DECEASED (Type or print) DEATH 0405-1 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years lost birthday) Doys Months DIVORCED T WIDOWED | papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? deap during most of working life, even if retired) pup HOUSEWIFE MARYLAND pou USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWARD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address ELTON NONE CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN a ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** permit. any Conditions, if ony, which signed gove rise to immediate **DUE TO** couse (a), stating the underoug lying couse lost. **burial-transit** peen PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal, PERFORMED? YES 🗍 NO 1 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) Hour a. n. factory, street, office bldg., etc.] While Not while at work of work O. m. 21. I certify that I attended the deceased from \_\_that I last saw the deceased and that death occurred ative 4,M, fram the causes and on the date stated above. de ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S FUNERAL NAME (Type) C 22b, DATE THEREOI 220. BURIAL CREMATION. 224 NAME OF CEMETERY OR GOOD 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

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ADDRESS

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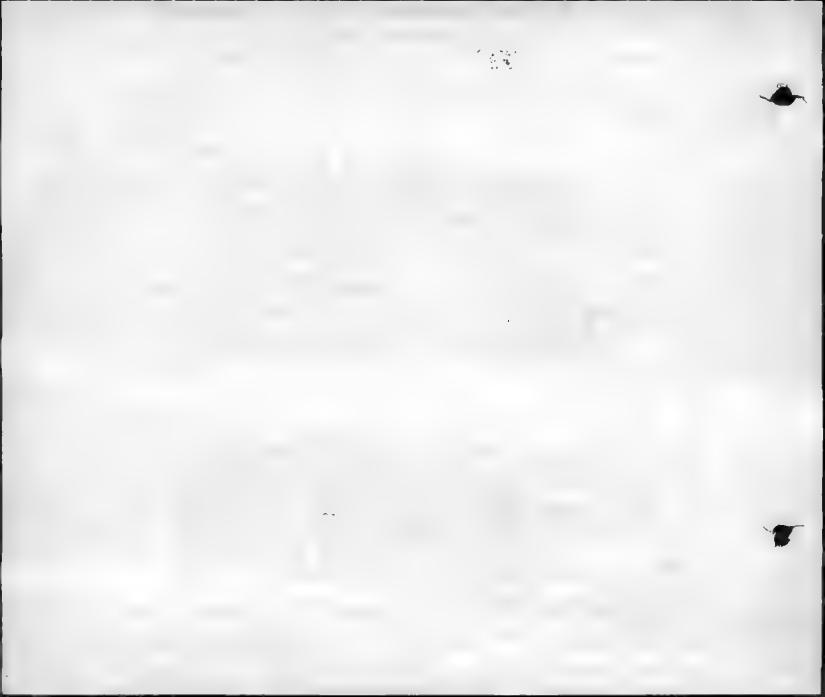
24b. REGISTRAR'S SIGNATURE

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certificate

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06286 6374 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Resigience before admission) · COUNTY b. COUNTY Pa MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTHT OF STAY IN 16 c. CITY OR TOWN (If sutside exporate limits, write RURAL and give nearest lawn) KJURAL and dige nearest fawn IS RESIDENCE ON A FARM? NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS OR INSTITUTION YES M NO puo NAME OF Middle 4. DATE First Lost Month DECEASED DEATH (Type or print) 6 COLOR OR RACE B. DATE OF BIRTH P. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months Days Hours DIVORCED | WIDOWED/ carbon paper 100 USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) KIND OF BUSINESS OR INDUSTRY [1] BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF JOHAT COUNTRY? oug 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME physician hours emove 15 WAS DECEASED EVERAIN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 12-INFORMANT Addres yes, gave war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO that Sh Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 12 20a ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) certificate OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. Doy, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour o. m Not while of work of work 21. I certify that I attended the deceased from L 194 2. that I last saw the deceased \_\_\_\_\_, and that death accurred at \_\_\_\_\_\_\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, stotel DATE SIGNED de 9 DIRECT ACTUAL SIGNATURE å shauld nay be retail FUNERAL I PHYSICIAN'S NAME (Type) 220 BURFAL CREMATION, 226 DATE THEREOF 2205 LOCATION 22c NAME OF CEMETERY OR CREMATORY Stale REMOVAL (Specify) 10 23. EUNERAL DHECTOR'S SIGNATURE 26 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE? ADDRESS. 24b VS A15 [4] 15M 9/55



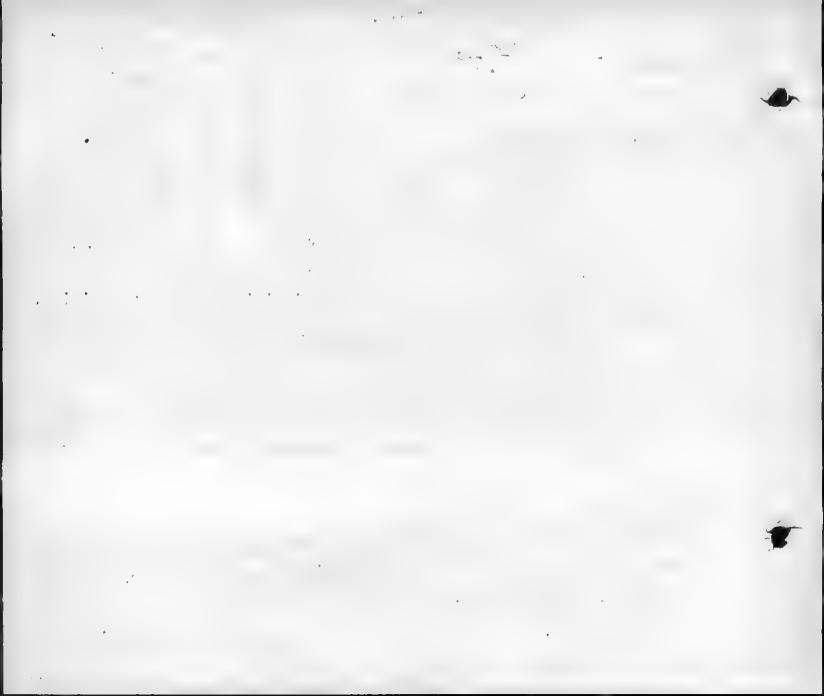
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

000**	CERTIFICATE	<b>OF DEATH</b>

Reg. Dist. No. (16287

1.	PLACE OF DEATH	omico		' MAR	YLAND	o. STATE	ence (wh	nere deceased	lived If institut b COUNTY		ma.co	admission)
	6 CITY OR TOWN (IF	outside corporate limi	ts, write	E LENGTH OF STAY	IN 15	c. CITY OR TO	OWN (If o	outside corpor	ole limits, write	RURAL and q	ive negres	st fown)
	RURAL and give ne	sbury		54 days		Ches	ter		•	10	4 4	•
	d. NAME OF HOSPITA	AL (If not in hospital, s	ive street	oddress)		d. STREET AD	DRESS				e.	IS RESIDENCE
н	Deer's E	lead State	Hosp:	ital		Marl	ing	Farms				ON A FARM?
1	NAME OF	Fig		Middle		Lost	4.3			-1		
1	(Type or print)	De]		Arme	_	Snyc	ler	4. DATE OF DEATH	Ma M	9.y	Day 4	7°058
5	. SEX	16. COLOR OR RACE	7	IED NEVER MARRI	ro 🗔 la	DATE OF BIRTH			9. AGE (In years		1 YEAR IE	UNDER 24 HRS.
	Female	White	WIDOWE	4 15	~~	2/23/	1903		last-birthday)	Months		fours Min
10	Ou USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS O	OR INDUST	TY 11. BIRTHPLA	CE (State	or fareign co	unlry)	12. CIT	ZEN OF	WHAT COUNTRY?
	dorling most of work	ing lite, even ir retired	'			Me	ryla	nd			U.S.	. A .
13	B. FATHER'S NAME					14. MOTHER'S						
П	Arthur	M. Midge	tte			Nett	ie Vi	ctori	a Barnet	at.		
15	. WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	), 17. INF	ORMANT MT			llson		प्रतिवह	D.#T
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	1111	IMMEDIATE CAUSE (o	1	elici alizec	Uare	THOMA, OO	979				-	•
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Н	cause (a), stating t		)									
Α.	lying couse lost.	) (c										
É	PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION G	VEN IN PART	1(o) 19.	WAS AUTOPSY PERFORMED?
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CERTIFICATION	20a, ACCIDENT WA	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	CCURRED	(Enter nature of	injury in f	Pari I or Port	II of item 18.)			
			- 204 11	JURY OCCURRED	20- BLAC	E OF INTURY IN		Tone and				
MEDICAL	Hour a.m.	Month, Doy, Ye	While	Not while	facto	E OF INJURY (H ry, street, office	bl <del>d</del> g., etc.	i i 201. (City	or town)	(C	ounly)	(Stole)
=		17	al work		1			i				
	21. I certify the	I attended the	decease	d from Mar	ch 11	19_58,	ta	May 4	1958	,that I I	ast saw	the deceased
	alive anMa;			58, and that								
		N/		•					eet, city ar town			DATE SIGNED
	ACTUAL SIGNATURE	TY. Ika	Rob	w.	M	Deer	s Hea	d Stat	te Hospi	tal.	4 *	5/5/58
		V				Salisl	oury,	Mary	te Hospi and			~ Td==d======
	PHYSICIAN'S NAME (Type)I	. V. Maldy	7e ,	M. D.		Salish	oury,	Maryl	and			5/5/58
22	O BURIAL CREMATION	J. 22b. DATE THEREC	F	27c. NAME OF CEM	ETERY OR	REMATORY		22d LOCAT	ION (City, town,	or county)		(State)
	REMBYAL ISPOSIY	May 8.19	_	Morehea	ad Ci	ty Cem	ete	y Mon	rehead	City	N.C	arolina
23	FUNERAL DIRECTOR'S			ADDRESS				D BY REGISTE	PAR 2/15 REG	ISTRAR'S SIG		
]	HOLLOWAY	& COMPAN	Y S	SALISBURY	Z MAR	YLAND		0.0 mm and	8 100	Ancil	J. A	



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	06288
	6288 CERTIFICATE OF DEATH Reg. Dist. No.	0
Page director	1. PLACE OF DEATH o. COUNTY WICOMICO MARYLAND  2 USUAL RESIDENCE (Where deceased lived If institution: Residence before STATE Maryland  b. COUNTY Worces	·
the state of the s	b. CITY OR TOWN (If outside corporate limits, write RURAL and give no Ocean City	earest town)
y the fi	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FENINSULA GENERAL HOSATAA.	e. IS RESIDENCE ON A FARM? YES NO
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and ca	during most of working life, even if retired)  13. FATHER'S NAME  14. MOJHER MAIDEN NAME	21
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TAL O retaine AL DIII should trar pri	PHYSICIAN'S NAME (Type)	1//
HOSPI oy be FUNER oge 3 a	22 SURVAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. NOCATION (City, town, or county)	(Stole)
P E Q & E	23 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR (4b) REGISTRAR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR (4b) REGISTRAR'S SIGNATURE	IRE INC.
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06289

6289 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) p. COUNTY o. STATE **b** COUNTY MARYLAND ELAWARE Comico SUSSEX b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown] LAUREL - RURAL Dalis bary d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION RFD# YES TI NO DO NAME OF 4. DATE OF DEATH Last Month Day Year DECEASED (Type or print) FORGINIA O: 0.10 mall 19.7 5 SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years INUNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days Hours WIDOWED | DIVORCED T +C Yma Q yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 4.5.A HOME MARYLAND CUSEWORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DANIEL SHOCKLEY MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address GRACE UNKNOWA JACCAS LAUREL DELAWARE No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: DUE TO Canditions, if any, which gave rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES | NO II 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20th DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year (State)

20d. INJURY OCCURRED Not while

factory, street, office bldg., etc.)

20e. PLACE OF INJURY (Home, form, 20f (City or town)

(County)

195 A, that I last saw the deceased

G. 81. at work of work p. m. 21. I certify that Lattended the deceased from

alive on and that death occurred M, from the causes and an the date stated above. ACTUAL

NAME (Type) 22a. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ZION CHURCH CEMETERY BURLAL

Sex

22d. LOCATION (City, town, or county) SHARPTOWN

(State) MARYLAND

23. FUNERAL DIRECTOR'S SIGNATURE FRAMPTOM +

PHYSICIAN'S

**ADDRESS** FEDERALSBURG MD. 24a. REC'D BY REGISTRAR DATE

24b\_REGISTRAR'S SIGNATURE Line. h

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

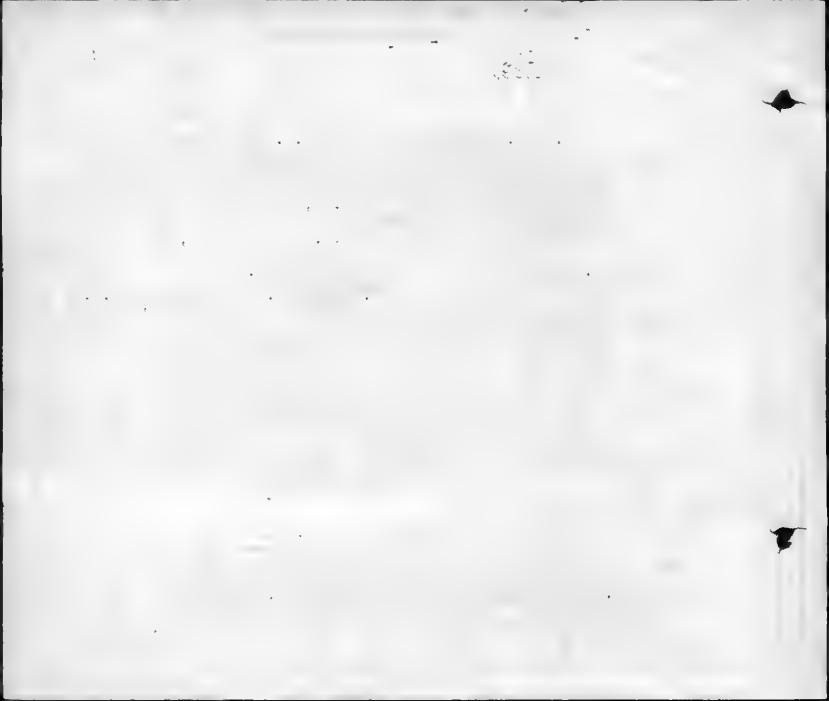
CERTIFICATE OF DEATH

06290

		O O	~JU							Reg. Di	st. No.		
	PLACE OF DEATH	Wicomico		MARYLAND	2 U		aryl		d lived. If instit. b. COUNT		icomi		
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, w corest town) Salisbur		IGTH OF STAY IN 16	, c			sbur	rale limits, write	RURAL and	give necrest	tawn)	
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give a Pen. Hen	treet address)		1	STREET ADD	****			Rd	0	RESIDENCE N A FARM?	
	NAME OF DECEASED (Type or print)	WILLI	AM	Middle FRANCI	S S	reven:		4. DATE OF DEATH	MAY	onth	9th	Year 19 5	B
5. 1	Male	White will	MARRIED 🏋	NEVER MARRIED  DIVORCED		re of Birth pt. 23;	191	6	9. AGE (In year last birthday)	Months	Days Ho	NDER 24 HRS	_
t0c	. USUAL OCCUPATION during most of world Farmer	ON (Give kind of work done ling life, even if retired)		erming	USTRY			-	sburyn		TIZEN OF W	HAT COUNTR	17
13.	FATHER'S NAME				14.	MOTHER S M.							
	Thomas	J. Steven	son			Mol	Llie	W.	Bounds				
		R IN U. S. ARMED FORCES? (If yes, give wor or dates of service	16. SOCIAL	SECURITY NO.	rs.	Union	nd P	.Ste	venson Salisbi	Wife ry, M	)R.D. aryla	# <sub>d</sub> l	
7	Canditians, if a gave rise to it cause (a), stating lying cause last.	mmediate DUE TO	<u>Lu</u>	este	a/	Mul		· ·				ND DEATH	_
CERTIFICATION		HER SIGNIFICANT CONDITION								IVEN IN PAR	PE	REORMED?	
	(IF EITHER, NOTIFY	MEDICAL EXAMINER	. DESCRIBE H	OW INJURY OCCUR	RED. (Enl	er nature of it	HULY IN PO	arl 1 or Par	f II at ilem 18 )				
MEDICAL	20c, TIME OF INJUR Haur e. m. p. m.		Od, INJURY ( Vhile N t work of	ot while		FINJURY (Ho treet, office b			ar tawn)	(	County)	(State	
	21. I certify the alive on	at I attended the de	reased fro	m 147	th acc	, 19, urred at	:15 // 2	AM, from	n the causes treet, city or town	and an t		he deceas lated above DATE SIGN	
	PHYSICIAN'S DY	. Lee Law	гу	/		Fruit	land	, Ma	ryland		May	01	51
220	BURIAL, CREMATIO	N, 226. DATE THEREOF		icomico		MATORY Orial			TION (City, fown			State)	
	FUNERAL DIRECTOR	s signature & COMPANY		DORESS ISBURY M	ARY	T A BITT	MAY MAY	A BECHE	BAR PARE	SIGTRAR'S SI	GNATURE		
_													

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after digath. Page 4 may be retained by it is copital or attending physician.

TO FUNERAL DIRECTOR that this certificate has been signed by the attending physician and completely filled in by the fapage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours, after death. VS A15 (4) 15M 9/55



MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian PLACE OF DEATH a. COUNTY O. STAYE 100VHI MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give negrest brow 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF 4. DATE DECEASED DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE QE/BIRTH WIDOWED [7] DIVORCED 17 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11), BERTHPLACE (Stote or foreign country) 20 during most of working life, even, if retired) Pages 1, 2, and toge 5 may be r - Zypanto 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. ARMED FORCES? INFORMANT 18/CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY: Company occlusion IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause along DUE TO (a), stating the underlying 7 BARRA couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY ő pesa Chronia sinchaliam CERTIFI 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, Month, Day, Year factory, street, office bidg., etc.) Hour o. m. While Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 12. forwarded to the C. death resulted from: Natural causes [\*] Accident . Suicide 7. DEPUTY MEDICAL ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER removal **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) **VS. A15ME(5)** DATE

Film 230 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institutions, Residence before admission) b. COUNTY c. CITY OR TOWN (If a tside corporate limits, write RURAL and give nearest town) 07 . IS RESIDENCE ON A FARM YES NO Month Day Year 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH Cridden Vanne PERFORMED? NO [ (State) i 20f. (City or fown) (County) Inquiry . and find that Homicide , Undetermined cause . DATE SIGNED 5-23-58 22d. LOCATION (City, town, or sounty) BR 57 24a. REC'D BY REGISTRAR 24b. REGISTRAP'S SIGNATURE

SM 9/55



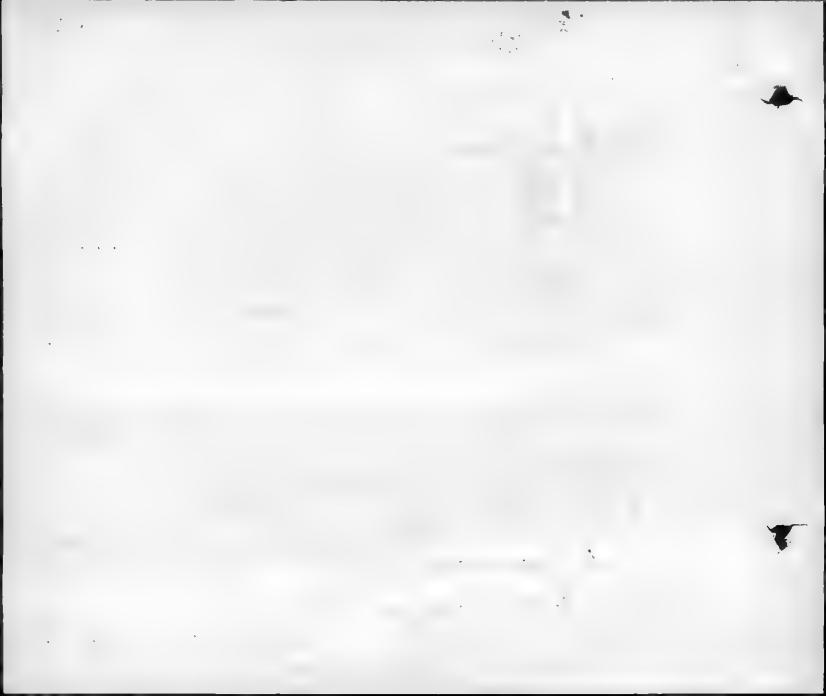
VS A15 (4) 15M 10/57

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
6291	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

06292

							Reg. Dist.	No.	
1	1. PLACE OF DEATH g. COUNTY		2 USUAL RESIDEN	CE (Where d	leceased fiv		Residence	before o	dmission)
Ï	Wicomico	MARYLAND	o. STATE Maryl	and		b. COUNTY	Kent		
	b. CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOV	/N (If outside	e carporate	limits, write RU		e nearest	town)
	RURAL and give nearest town) Salisbury	104 days	Mราวร	ngton		1.	, ,		
	d. NAME OF HOSPITAL (If not in hospital, give street of		d. STREET ADD			, .	7 7 3	e. f	S RESIDENCE
	Deer's Head State Hos	pital							ES NO K
	3 NAME OF First	Middle	Lost		DATE	Month		Day	Year
	(Type or print) Addie		Tilde	n	DEATH	May	7	19	1958
	S SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	8. DATE OF BIRTH		9			_	UNDER 24 HRS
	Female Colored WIDOWE	DIVORCED 🗍	May 29,	1888	'	69 yrs.	Manths D	oys H	ours Min.
	10a USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU			reign count	ry)	12 CITIZ	EN OF W	VHAT COUNTRY
	during most of working life, even if retired) Housewife		Marv	land			i u	.S.A	
\	13 FATHER'S NAME		14. MOTHER'S MA						
	John Binley		Rach	el Bro	own				
	AS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 !  (Yes, no or unknown)   (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17 II	NFORMANT			Addre	LS .		
	Unk		Hospital	Record	is,	Salis	bury,	Mar	yland
i	18. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c).]	-						AL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	a. of vulva and	d perineum	with m	netas	tasis		ONSEIC	YIS.
	176.0 DUE TO								
	Canditions, if any, which								
	gave rise to immediate								
	lying cause last.								
		ONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL E	DISEASE CO	ONDITION GIVE	N IN PART I	(c) 19. V	WAS AUTOPSY
	ê l	rterioscleroti						P	ERFORMED?
	E 200 ACCIDENT WAS LINDERLYING TO 206, DESC	RIBE HOW INJURY OCCURRED	D. (Enter nature of in	ury in Port I	or Port II o	of item 18.)	<u> 7101125</u>	to pur	110 (0)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
			ACE OF INJURY (Hon	e, form, 20	f. (City or	tawn]	(Con	unty)	(Stote)
	Hour a.m.  p. m.  19 While of work	Not while	crory, siteer, office on	idit aici)					
	21. I certify that I attended the decease	d from February	1 1058 1	o Masr	19	10 58	that I la		the decourse
		ond that death							
	1	, one mar deom	occorred of all			, cily or town, st		uale i	DATE SIGNED
-	SIGNATURE D. V. LUCK	Malla	M.D. Deer's						5/10/50
	SIGNATURE		Salisbu				L		2/12/20
	PHYSICIAN'S NAME (Type) W. [11armar	1. M D.				Hospita			c/10/c0
	220 BURIAL, CREMATION, 226. DATE THEREOF	225 NAME OF CEMETERY OF				(City, lawn, or			3/ 1-3/ 30
	REMOVAL (Specify) 5/24/1-0	MillingTon	(1) (E	n. 1/1	1:11:	10. Ind	REA	7/	(State)
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	(2) 1/24	REC'D BY	PEGISTRAD	24b REGIST	PAR'S SIGN	ATURE	11/1/1/1
	Edward Hillmed 1	Millerates	7///			- 1		1	
	CANNIULU TIANTON !!	Julius Cox	1.1/ Koli 101	MAY 2 6	750	1 200	. n . /		



Rea. Dist. No.

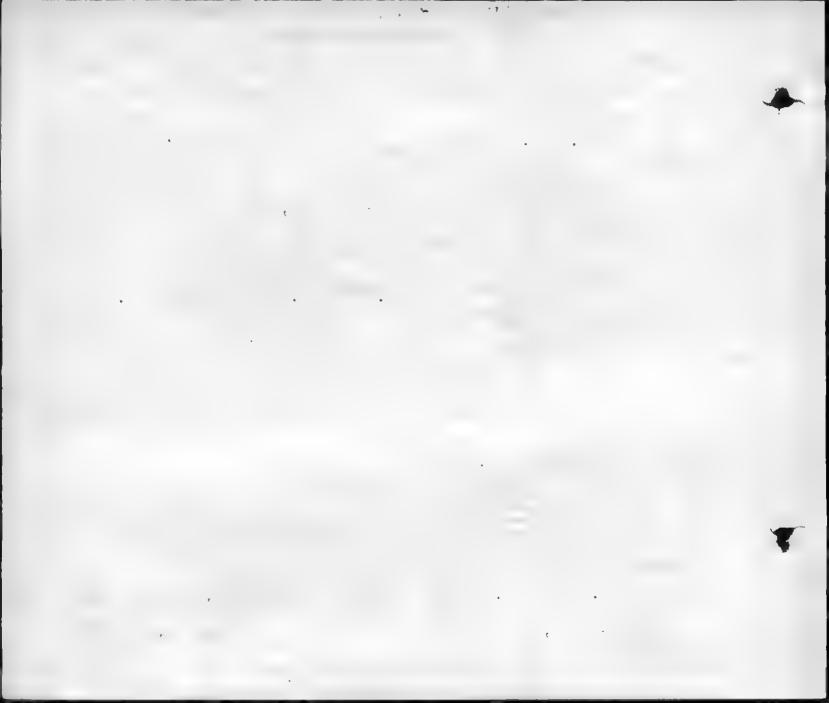
06293

1. PLACE OF DEATH a COUNTY	Wicomico		MARI	LAND	2. USUAL RESID O. STATE	Mary.	ere deceased li Land	ved If institute b. COUNTY		WIC	dmlssipn) OMICO
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi orest town Sallsbur	y write c. Li	ENGTH OF STAY	IN 16			utside carporal SDURY	e limits, write R	URAL ond gi	ve nearest	lown)
	At (If not in haspitol, 9 Pen. Gen	jive street addre			d. STREET A		n City	Blvd.		0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	LETT		MAHALI		WALLER		4. DATE OF DEATH	маў	ith .	3rd	Year 58
s. sex Female	6. COLOR OR RACE	7. MARRIED			August		1870	AGE (In years last b rihday) 87 yrs.			DUTS Min.
10a USUAL OCCUPATION during most of world HOUSE	ON (Give kind of work ring life, even if retired WOPK	done 10b. KIND	of Business of Home	OR INDUS	La	urel	DeTan	ity) Iare		US.	HAT COUNTRY?
13. FATHER'S NAME	.10				14 MOTHER'S						
	011phant					za E	llinsw				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR IT yes, give wor or dates of s	RCES? 16. SOCI	AL SECURITY NO		Reuben Sa	J.Wa		Son) 2	208 E.	. Vi	ne St
PARTI DEA	TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	)	(a) (b), and (c)	Ten	E Ft.	nacas	fores	· dese			AL BETWEEN AND DEATH
Conditions, if a gove rise to i cause (a), stating lying cause lost.	mmediate Dus To			aa	casea						
ICATIO	TER SIGNIFICANT CON								VEN IN PART	P	VAS AUTOPSY ERFORMED? S NOXX
20a. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY C	CCURRED	, (Enter nature a	f injury in F	ort 1 or Port II	of item 18)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	OCCURRED Not while of work		CE OF INJURY ( ary, street, affice			r town)	(C	aunty)	(Slote)
21. I certify the alive on	at I attended the	deceased f	-	death			AM, from		and on th		the deceased stated above DATE SIGNED
	Or. Phili		nsley		ain St	Sa.		y Mary		Ma	<u> </u>
220. BURIAL, CREMATIC REMOVAL (Specify) DUF18	L-May 6,1	958	NAME OF CEMP					on (City, town, 1sbury		vlan	(State)
23. FUNERAL DIRECTOR			ADDRESS			240. REC'	BY REGISTRA		STRAR'S SIG		
HOLLOWAY	& COMPAN	Y SAL	ISBURY	MAR	YLAND	DATE		0	/ -	1	

director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after depth: Page 4 be filed M may be retained by the tospital or attending physician.

TO FUNERAL DIRECTOR for this certificate has been signed by the attending physician and completely filled in by the fun page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, or removal, and vent within 72 hours after death.

VS A15 (4) 15M 9/55



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6306 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

Rea. Dist. No.

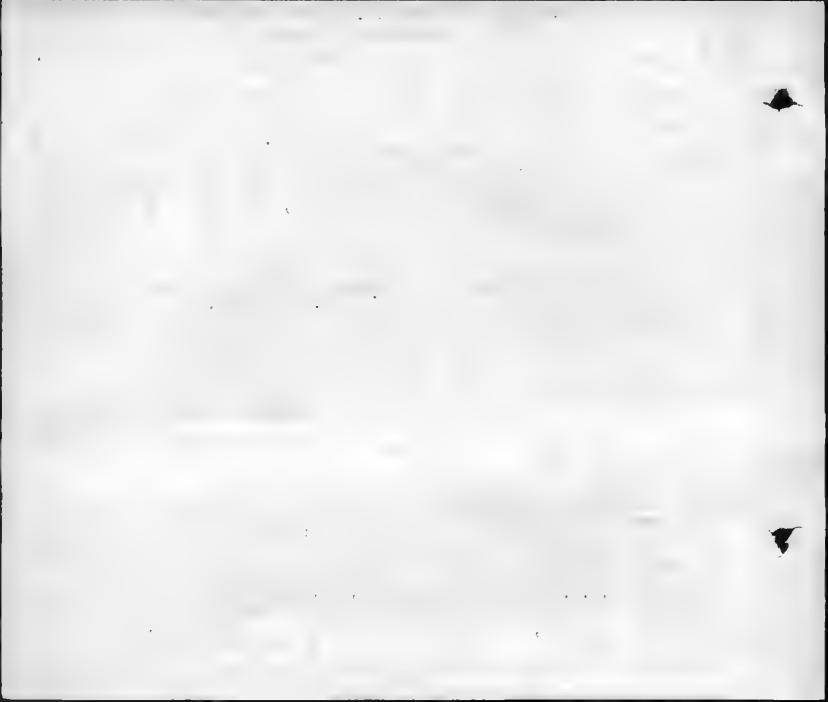
-										KEN. DII	1, 110,	
	PLACE OF DEATH	Wicomico		MARY	LAND	2. USUAL RESI	Mary]	and accessed	l lived. If instit b. COUN		• before odm LCOMIC	
	b. CITY OR TOWN (I RURAL and give n		_ 1,	LENGTH OF STAY	IN 1b	A -		_ `	rate limits, write	RURAL and gi	ive nearest to	wn]
			Rural,				Salis	soury				
	d. NAME OF HOSPIT OR INSTITUTION	Ashylon  Ashylon		•		d STREET		E.Chu	rch St		ON	ESIDENCE A FARMA NO [7]-
	NAME OF			44114		4		4. DATE				
	DECEASED (Type or print)	FA FA	NNIE	Middle		WALMS		OF DEATH	MAY	onth	10 th	19 58
5.	SEX .	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 🖁	DATE OF BIRT	Н		9. AGE (In yea	IF UNDER T	YEAR IF UN	DER 24 HRS.
	Female	White	WIDOWED [	DIVORCE	Xi l	Octobe	r 6.1	1871	86 y	) Manths I	Don Hour	s Min.
10a	. USUAL OCCUPATION	ON (Give kind of work	done 10b. KIN	D OF BUSINESS O			<del></del>				ZEN OF WHA	AT COUNTRY?
	House	king life, even if retired	)				gland	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		USI	
13	FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME				
L		Davi	~				Reco	rd				
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR Itt yes, give wor or dates at s	CES7 16, SOC ervice)	AL SECURITY NO	M#	L3 St	nce W	alms I Mi	ley(Số	n)3000	) Simp	son S
	Canditions, if a	mmediate C	Lec	frede	else	mon	ary	lack	levi		INTERVAL ONSET AN	
	cause (a), stating lying cause last.	the <u>under-</u>	Wil	crease	ler	olic s	The	rt.	Lie	ed el	14-4	24 ?
CERTIFICATION		HER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DE	TUB HT	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION C	DIVEN IN PART	PERF	ORMED?
	200. ACCIDENT WAY OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIB	E HOW INJURY O	CCURRED	(Enter nature o	of injury in P	art I ar Par	til of item 18)			
MEDICAL	20c TIME OF INJUR Havr a.m. p. m.	Y Month, Day, Ye 19	or 20d INJUI While of work	RY OCCURRED Not while of work	20e. PLA: foch	CE OF INJURY ( ory, street, offic	Hame, farm, e bidg., etc.	20f (City	or tawn)	(C	ounty)	(State)
	21. I certify th	at Lattended the	deceased	from		19	_, to		, 19	that I fo	ast saw the	e deceased
	alive on		12	, and that	death							
	ACTUAL SIGNATURE	11.11	5 2	Mell	12	.D		ADDRESS (S	reet, city ar taw	n, stole)		DATE SIGNED
	PHYSICIAN'S D	r.L.V. So	hler			Delmar	, Mar	ylan	d	M:	2y/2	1958ر
220	BURIAL CREMATIC REMOVAL SPECIFY BUPIAL	May 13,	1958	R. NAME OF CEME		crematory emeter			ION (City low)			otej 1
	FUNERAL DIRECTOR		SAI	ADDRESS LISBURY	MAR	YLAND	24a. REC'E	BYIREGIST	36R 246 RE	GISTRAR'S AIG	NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relatined by the TO FUNERAL DIRECT OF VS A15 (4) 15M 9/55

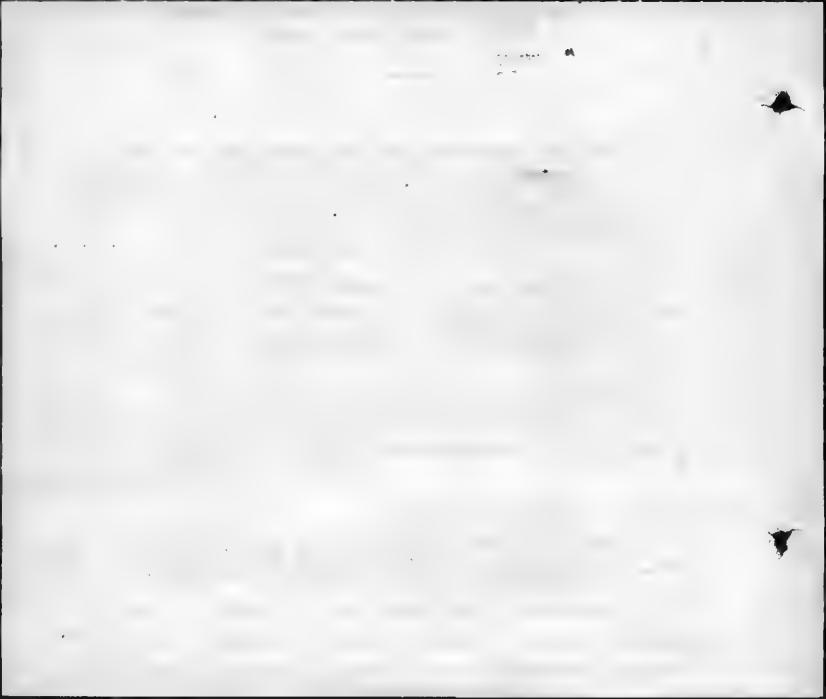
may be retained by the Pospital or attending physician.

O FUNERAL DIRECT Constitution of the continuous position and campletely filled in by the function, a director, page 3 shauld be detacted for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

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1				MARYLAN	D STATE DEPART	MENT OF HEAL	TH-BALTIM	ORE, 18	3	
4 25				629	3 CERTIFIC	ATE OF DEAT	ГН	1	Reg. Dist. No.	6295
. Page 4 director, filed with	M	1.	COUNTWICOMI	.co	MARYLANG	2. USUAL RESIDENCE ( o. STATE Mary	- h	COLLEGE	Residence before	
the See			RUPAL and give neares	tside corparate limits, writ st tawn)	c. LENGTH OF STAY IN 18		If outside carporate lim			_
is after d by the fu i 2 should		-	NAME OF HOSPITAL	of not in hospital, give street	eet address)	d. STREET ADDRESS	Anne R.	D.		IS RESIDENCE ON A FARM?
hours in by		3	NAME OF	.a General	Middle	l Locus		Month		YES NO 🔀
4 5-			DECEASED (Type or print)	Walt	ace R.	White	4, DATE OF DEATH	Monm	y 31	19 58
rely Pog		S. :			ARRIED A NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9 AGI lost 40		Manths Days	Haurs Min.
8 0.8		10a	USUAL OCCUPATION (		Ob. KIND OF BUSINESS OR INI	OUSTRY 11. BIRTHPLACE (SIG		7	12. CITIZEN OF	WHAT COUNTRY?
te be execution and com corbon pope ofter death.	1	<u> </u>	Mechanic FATHER'S NAME	,		Maryla	and		U. 8	. A.
rtificate b physicion move corl hours ofte		1	Roger Wh	ite		Shellie				
		15. [Ye	WAS DECEASED EVER IN	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO 17	INFORMANT	Z. Waine Van	Addres	18	
ding ding asserted in 72		H	No.	fs	213-18-1602	Enna Wh	te	Prin	cess An	
e death ce ottending n please re within 72			PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (o)	r line for (a), (b), and (c).	Cum Me	ere.		ONSE	VAL BETWEEN
of the Ther event			1755	DUE TO			1			<u>V</u>
ires the ned by sermit. n any s			Canditions, if any, gave rise to imme							
requi on. n sign sit pe			casse (a), stating the lying cause last.	(c)						
physici as beer ial-tran	ħ	CATION	PARE II. OTHER	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TEI	MINAL DISEASE CON	DITION GIVEN		WAS AUTOPSY PERFORMED? YES NO
IAN: T ending ficole h the bur		CERTIFI	200 ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY MEE	INDERLYING () 20b. C CAUSE OF DEATH DICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Part I or Part II of i	em 18.)		
PHYSIC of or official or official or official		MEDICAL	20c. TIME OF INJURY IN Hour a. m.	Wh.		PLACE OF INJURY (Home, fo factory, street, affice bldg.,	arm, 20f. (City or towels.)	n)	(County)	(Stole)
ospite fer a d for			21. I certify that	ottended the dece	eased from 5//	, 19. K, to_	5/31	, 1958	that I last sav	v the deceased
END Pre-			alive an O	3/	and that dec	th occurred at	M, from the			stated abave.
OR ATT	,		ACTUAL SIGNATURE	11/1/9	earloles	M.D. 2871	nd Ola	Jelly or love	Buy	3/2/J8
At At	i		PHÝSICIAN'S NAME (Type)					•		/ /
O HOSPIT moy be r O FUNER, poge 3 sl		220	BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (C	ily, town, or	county)	(State)
D P P P P P P P P P P P P P P P P P P P			Surrial FUNERAL DIRECTOR'S SI	_6/4/58 GNATURE	Venton (	emetery 240 M	Ventor	24b. REGISTI	RAR'S SIGNATURE	Nd.
VS A1S (4) 15M 9/5S		C	liston or	Stewart	- west R	GRA DATE	1111 A '59	0.1	-1	
		_		-	Saluly &	md		V. 2.1	-LOUGH	



VS A15 (4) 15M 10/S7

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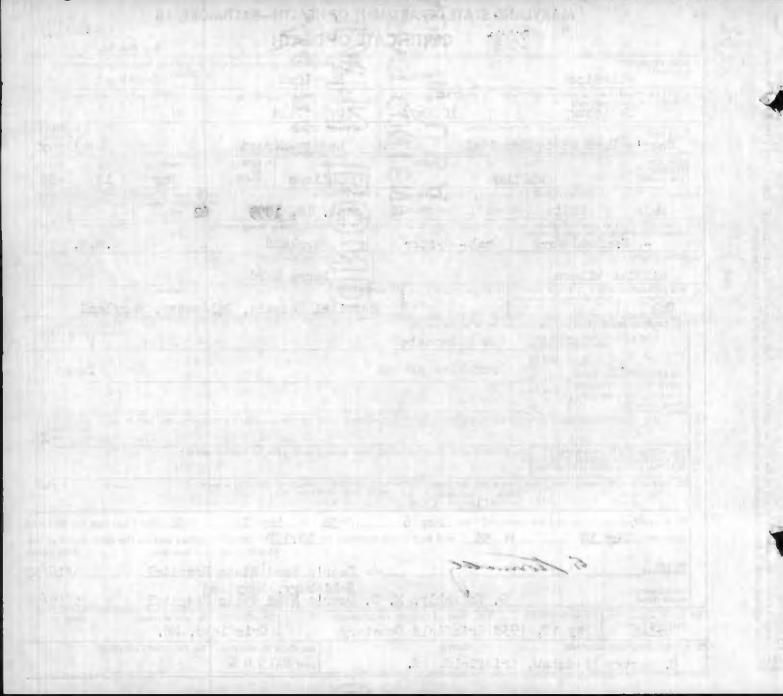
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and 2	
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ers.	

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6294

**CERTIFICATE OF DEATH** 

06296 Reg. Dist. No.

a. COUNTY Wic	omico		MAR	YLAND	2. USUAL RESIDENCE g. STATE Maryla	(Where decear	ed lived. If inst b. COU	ITU	ence before or	dmission)	
b. CITY OR TOWN (II	outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN		porate limits, wri	te RURAL and	give nearest	lown)	
RURAL and give he Sal	isbury		10 da	ys	Crisfield 1937.2						
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, s	give street	oddress)		d. STREET ADDRES	SS				RESIDENCE	
Deer's H	ead State	Hosp	ital		Locust	Street				S NO	
3. NAME OF DECEASED	Fi	-	Middl	ė	Last	4. DATE		Month	Day	Year	
(Type ar print)	Wi	llia	L		Wilson	n DEAT	H	May	15	19 58	
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARE	IED []	8. DATE OF BIRTH		9. AGE (In ye		R 1 YEAR IF L	UNDER 24 HRS.	
Male	White	WIDOW	ED DIVORC	ED X	Sept. 18	. 1895	lost hirthdo	yrs. Manths	Days He	ours Min.	
10a. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS	OR INDU			country)	12. C	TIZEN OF W	HAT COUNTRY	
- Sea	ing life, even if refired		rab - Oyste	44.	Mary:	land			U.S.	A _	
13. FATHER'S NAME					14. MOTHER'S MAID				0,03,	186	
William	Wilson				Laura	. Ward					
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CE57 16.	SOCIAL SECURITY N	O. 17. II	NFORMANT	11000		Address			
Unk	It yes, give wor or dates of s	iervice)			Hospital R	ecords,	Salisb	ury, Me	ryland	i	
18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne far (a), (b), and (c	}.]						L BETWEEN	
PART I, DEAT	H WAS CAUSED BY:	. C	or Pulmona	le					ONSET	AND DEATH	
241X	DUE TO	1									
Conditions, if on			ronchial A	sthm	1				Y	ears	
gave rise to in	mediate	]							-	COL D	
cause (a), stating t lying cause last.	he under DUE TO	,									
	FR EIGHIEIGANT CON		COATRIBUTING TO BE	CATIL DIAT	NOT BELLYED TO THE	PRINCE DIFF.		******			
OT TAIL II. OH	EK SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DI	EAIN BUI	NOT RELATED TO THE T	EKMINAL DISEA	SE CONDITION	GIVEN IN PA	PI	ERFORMED?	
O HIT EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	OCCURRE	D. (Enter nature of injur	y in Part I or Pa	ort II of item 18.				
20c. TIME OF INJURY Hour o.m. p. m.	Manth, Day, Ye	While	NJURY OCCURRED  Not while at work	20e. PL/ for	ACE OF INJURY (Home, clary, street, office bldg.	form, 20f. (Ci , etc.)	ty or tawn)		(County)	(Stole)	
21. I certify the	at I attended the	decens	ed from May	6	, 19.58_, to_	May 1	5 104	SS that I	last saw	the decease	
					accurred at 10						
21110 011,222	J		- July - , und mu	. acam	occorred de 101		Street, city or to		ine dale s	DATE SIGNE	
ACTUAL	6. 14	ne	~~								
SIGNATURE			1)		M.D. Deeris I			ital		.5/16/58	
PHYSICIAN'S . NAME (Type)		G,	Kosmahly	M.	D. Deer's I	y, Mar lead St	yland ate Hosi	ital		5/16/58	
220. BURIAL, CREMATION	, 226. DATE THEREC		22c. NAME OF CEA				ATION (City, Iax			(State)	
REMOVAL (Specify)	May 18,	1958	Crisfield	d Cem	etery		sfield,			,	
23. FUNERAL DIRECTOR'S			ADDRESS			REC'D BY REGIS		EGISTRAR'S SI	GNATURE		
H. Harves	y Bradshaw	. Cri	sfield, Mo	i.	DATE	MAY 2 0	'58	Unes			
		/		-	i puit		1 1 1	1	4.1.1.14		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

